AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2017
INTRODUCTORY MATERIALS

TABLE OF CONTENTS

RUC Cover Letter	**1**
RUC Notification to CMS - 95831-Action-Plan Attachment	**2**
Surgical Global Workgroup Materials	**3**
Practice Expense Revised Materials (Emergent Procedures/Flex Laryngoplasty)	**4**
HCPAC Cover Letter	**5**
RUC Recommendations Status Report: New and Revised Codes	**6**
HCPAC Recommendation Status Report	**7**
RUC Recommendations for Existing Codes	**8**
RUC Relativity Assessment Workgroup Progress Report	**9**
CMS Requests and Relativity Assessment Workgroup Status Report	**10**
RUC Referrals to CPT Editorial Panel	**11**
RUC Recommendations to Develop CPT Assistant Articles	**12**
New Technology/New Services List	**13**
New Technology/Services Timeline	**14**
Specialty and Acronym List	**15**

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2017

TABLE OF CONTENTS

New/Revised CPT Codes CPT 2017	TAB
Bone Biopsy	1
Insertion of Spinal Stability Distractive Device	2
Biomechanical Device Insertion-Intervertebral, Interbody	3
Closed Treatment of Pelvic Ring Fracture	4
Bunionectomy	5
Laryngoplasty	6
Closure Left Atrial Appendage with Endocardial Implant	7
Valvuloplasty	8
Partial Exchange Transfusion	9
Mechanochemical (MOCA) Vein Ablation	10
Dialysis Circuit	11
Open and Percutaneous Transluminal Angioplasty	12
Esophagectomy	13
Esophageal Sphincter Augmentation	14
Laparoscopic Radiofrequency Ablation of Uterine Fibroids	15
Endoscopic Decompression of Spinal Cord Nerve	16
Mammography-Computer Aided Detection Bundling	17
Ophthalmoscopic Angiography	18
Closure of Paravalvular Leak	19
Application of On-body Injector with Subcutaneous Injection	20
Parent, Caregiver-focused Health Risk Assessment	21

CMS Request/Relativity Assessment Identified Codes	TAB
Anesthesia for Intestinal Endoscopic Procedures	22
Biopsy of Skin Lesion	23
Injection of Tendon Sheath	24
Injection of Trigger Points	25
Endotracheal Intubation	26
Insertion of Arterial Catheter	27
Bone Marrow Aspiration and Biopsy	28
Bladder Catheter	29
Treatment of Bladder Lesion	30
Electromyography Studies	31
Cystourethroscopy	32
Biopsy of Prostate	33
Hysteroscopy	34
Intracranial Endovascular Intervention	35
MRI Face and Neck	36
Radiation Treatment Devices	37
Flow Cytometry Interpretation	38
Microslide Consultation	39

Gastrointestinal Tract Imaging 40
Fundus Photography 41
Electroretinography 42
Non-invasive Physiologic Studies of Extremity Veins 43
Pulmonary Stress Test 44
Antigen Therapy Services 45
Electroencephalogram (EEG) 46
Electronic Analysis of Implanted Neurostimulator Pulse 47
Psychological and Neuropsychological Testing 48
Specialty Radiation Treatment 49

HCPAC Recommendations **TAB**
Removal of Nail Plate 50
Psychological and Neuropsychological Testing 51

AMA
AMERICAN MEDICAL ASSOCIATION

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February 9, 2016

Sean Cavanaugh
Deputy Administrator & Director
Center for Medicare
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: RUC Recommendations

Dear Mr. Cavanaugh:

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) submits the enclosed recommendations for work relative values and direct practice expense inputs to the Centers for Medicare and Medicaid Services (CMS). These recommendations relate to new and revised codes for *CPT 2017*, as well as to existing services identified by the RUC's Relativity Assessment Workgroup and CMS.

Enclosed are the RUC recommendations for all the CPT codes reviewed at the January 13-17, 2016 RUC meeting. The recommendations related to the October 1-3, 2015 meeting were submitted on October 29, 2015. These two submissions represent the RUC's recommendations for the 2017 Medicare Physician Payment Schedule. We understand CMS will publish consideration of these submissions in the June/July 2016 Proposed Rule.

CPT 2017 New and Revised Codes – *January 2016 RUC Submission*

The enclosed binder contains RUC recommendations, including those for new and revised CPT codes. The RUC considered 79 new/revised/related family CPT codes at the January 2016 meeting. The RUC submits work value and/or practice expense inputs for 79 new/ revised/related family CPT codes from the January meeting.

CPT 2017 New and Revised Codes – *Entire CPT 2017 Cycle*

The total number of coding changes for entire *CPT 2017 cycle* is 310, including 147 additions, 54 revisions, and 96 deletions. In addition, 11 new codes were identified as part of the family for review in relationship to the new/revised codes. The 214 new/revised/related family CPT codes are summarized as follows:

- 90 services are not payable on the RBRVS or do not require physician work at this time (eg, laboratory services and vaccines), and accordingly, the RUC does not submit any information on these codes.
- The HCPAC submits recommendations for 8 new CPT codes.

The RUC submits work value and/or practice expense inputs for 116 new/ revised/related family CPT codes for the 2017 Medicare Physician Payment Schedule.

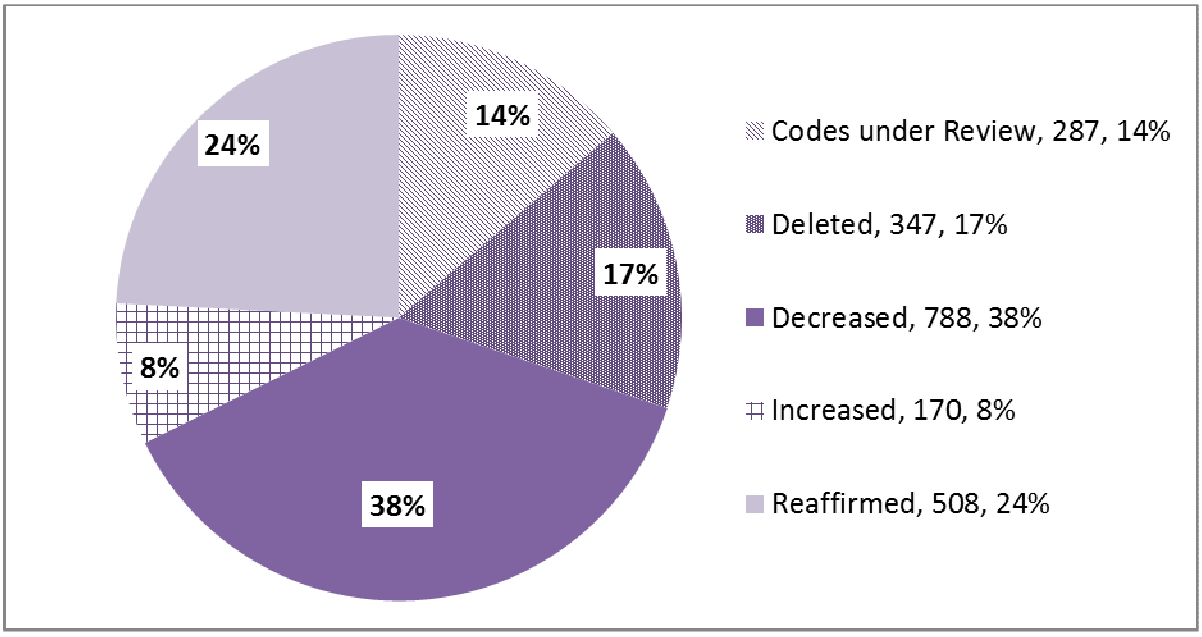
Existing Services Identified by RUC and CMS for Review

In addition to the new/revised CPT code submission, the RUC submits recommendations for 72 services identified by the RUC or CMS as potentially misvalued and reviewed at the January 2016 RUC meeting. The RUC recommends work relative values for 43 codes; direct practice expense inputs only for 2 codes; interim base unit recommendations for 2 codes; and refer 25 codes to the CPT Editorial Panel. These recommendations are in addition to the 4 recommendations for existing services submitted to CMS following the RUC's October 2015 meeting.

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes

Since 2006, the RUC has identified 2,100 potentially misvalued services through objective screening criteria and has completed review of 1,813 of these services. The RUC has recommended that over half of the services identified be decreased or deleted (Figure 1). The RUC has worked vigorously over the past several years to identify and address misvaluations in the RBRVS through provision of revised physician time data and resource recommendations to CMS. The RUC looks forward to working with CMS on a concerted effort to address potentially misvalued services. *A detailed report of the RUC's progress is appended to this letter.*

Figure 1: AMA/Specialty Society RVS Update Committee (RUC) Potentially Misvalued Services Project



Source: American Medical Association

RUC Notification to CMS – Inappropriate Reporting of 95831

At the January 2016 Relativity Assessment Workgroup meeting, the Workgroup reviewed CPT code 95831 *Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk* as it was identified via the High Volume Growth screen (services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013). The Workgroup reviewed action plans explaining the high volume growth and noted that the specialty societies identified possible inappropriate claims for this service. The claims for this service grew by 106% in the last five years. **The RUC is notifying CMS that is appears there have been inappropriate claims for CPT code 95831 in Texas by two providers which account for 38% of the claims for this service. The RUC requests that CMS investigate the reporting of CPT code 95831.** The RUC will review the volume growth of this service in October 2018 to see if it has dropped appropriately. *The action plan that was submitted to the RUC in January 2016 is appended to this letter for additional information.*

Surgical Global Package

At the January 2016 RUC meeting, the RUC Surgical Global Workgroup discussed the CMS published questions for the January 20th conference call entitled *Collecting Data on Global Surgery as Required by MACRA Listening Session*. Following this meeting, the final report was forwarded to CMS officials and the content of the report was provided verbally on the call by Workgroup members. To ensure the Agency receives these important recommendations, the final Surgical Global Workgroup report is attached. Furthermore, in an effort to identify services which are likely to yield a representative sample for data collection purposes, the RUC identified 235 codes which meet the following three criteria: Medicare utilization over 10,000, allowed charges totaling $10 million or more, and performed by more than 100 physicians nationwide. This list should form the basis for the Agency's identification of services for which to collect data for purposes of identifying the physician work and supplies that go into the surgical global package.

Practice Expense Subcommittee

Flexible Laryngoscopy
(31575, 31576, 31577, 31578, 315X1, 315X2, 315X3, 31579)

At the Practice Expense Subcommittee CMS brought up the issue that the scopes and video equipment listed in practice expense spreadsheets are inaccurate as the equipment is no longer compatible. Included with this submission in the Practice Expense materials is a revised PE spreadsheet that CMS requested for the Flexible Laryngology family reviewed at the October 2015 meeting. The specialty society has created new scope system packages, modeled after the GI inputs that have been created for endoscopy and colonoscopy – which as you know, were all recently reviewed. The specialty society has updated the technology consistent with what their experts believe is typically used by the laryngology community. The changes required the specialty society to add equipment item *endoscope disinfector, rigid or fiberoptic, w-cart* (ES005), as there are regulatory requirements that these types of scopes be cleaned in a very specific manner. The attachments included in the PE Subcommittee folder are the proposed package summary (word document), a revised PE spreadsheet (new equipment is highlighted and old equipment has strikethroughs), as well as invoices and quotes from various centers across the United States.

The new scope system packages have also been applied to the *Laryngoplasty* (31580, 31584, 31587, 315X1-315X6) services reviewed at the January 2016 RUC meeting. The specialty society has updated the technology consistent with what their experts believe is typically used by the laryngology community. The changes required the specialty society to add equipment item *endoscope disinfector, rigid or fiberoptic, w-cart* (ES005), as there are regulatory requirements that these types of scopes be cleaned in a very specific manner. The attachments for this recommendation have been revised based on information provided to the RUC following the January meeting and include the proposed package summary (word document), a revised PE spreadsheet (new equipment is highlighted and old equipment has strikethroughs), as well as invoices and quotes from various centers across the United States.

Emergent Procedures Pre-Service Clinical Staff Time

At the January 2016 RUC meeting the PE Subcommittee discussed 14 90 day globals and 1 000 day global with various dominant specialties. The PE Subcommittee reviewed the recommendations submitted by the specialties. For the majority of the 15 codes the specialties recommended 20 minutes of pre-service clinical staff time in the facility setting. The 20 minutes is divided in the following breakdown of clinical staff time.

	Description of Clinical Activities - 090	Time allocation		
		Standard	**Current**	**Recommended**
1	Complete pre-service diagnostic and referral forms	5	5	5
2	Coordinate pre-service surgery services	20	20	7
3	Schedule space and equipment in facility	8	8	4
4	Provide pre-service education/obtain consent	20	20	0
5	Follow-up phone call and prescriptions	7	7	4
6	Other Clinical Activity	0	0	0
	TOTAL	**60**	**60**	**20**

The PE Subcommittee applied the new 20 minute standard to all 14 90 day globals with the exception of CPT code 35207 *Repair blood vessel, direct; hand, finger.* The specialty recommended 60 minutes of pre-service clinical staff time in the facility for this service. The specialty argued that this code is not really an emergent procedure and that the typical patient requiring repair of a blood vessel in the hand or finger is typically not Medicare-aged. The typical patient, instead, is a healthy younger patient who sustains a laceration at work (eg, chef, baker, mechanic) or at home (kitchen knife). In addition, for most patients, laceration of a blood vessel in the hand does not require immediate repair. As a result the codes only had 18 "unique occurrences", this is very low volume and in this situation errant records are magnified when data is used that has a low number of occurrences. The PE Subcommittee agreed with the specialty that this is not an emergent procedure and may be an anomaly in the data caused by the low volume of the service. The PE Subcommittee recommends maintaining the pre-service time in the facility setting of 60 minutes.

In addition the PE Subcommittee discussed 1 000 day global, CPT code 54220 *Irrigation of corpora cavernosa for priapism.* 54220 is a Harvard valued code with very low volume. There currently is pre-service time of 30 minutes of pre-service time in the facility setting. Although, the standard clinical staff time in a facility for a 0- and 10-day global period code is zero, the specialty recommended that this service be allocated 15 minutes of pre-service clinical staff time consistent with the PE Subcommittee standards for minimal use of clinical staff. The PE Subcommittee agreed that the clinical staff in the office is performing work for the service. The PE Subcommittee recommends reducing the pre-service time in the facility setting to 15 minutes.

Enclosed Recommendations and Supporting Materials:

Included in these binders and on the enclosed CD are:

- RUC Recommendation Status Report for New and Revised Codes
- RUC Recommendation Status Report for 2,100 services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued. In addition, a spreadsheet containing the codes specific to this submission is included.
- RUC Referrals to the CPT Editorial Panel – both for CPT nomenclature revisions and *CPT Assistant* articles.
- Physician Time File: A list of the physician time data for each of the CPT codes reviewed at the January 2016 RUC meeting.
- Pre-Service and Post-Service Time Packages Definitions: The RUC developed physician pre-service and post-service time packages which have been incorporated into these recommendations. The intent of these packages is to streamline the RUC review process as well as create standard pre-service and post-service time data for all codes reviewed by the RUC.
- PLI Crosswalk Table: The RUC has committed to selecting appropriate professional liability insurance crosswalks for new and revised codes and existing codes under review. We have provided a PLI Crosswalk Table listing the reviewed code and its crosswalk code for easy reference. We hope that the provision of this table will assist CMS in reviewing and implementing the RUC recommendations.
- BETOS Assignment Table: The RUC, for each meeting, provides CMS with suggested BETOS classification assignments for new/revised codes. Furthermore, if an existing service is reviewed and the specialty believes the current assignment is incorrect, this table will reflect the desired change. Starting for the February 2016 submission, the RUC will now include a separate BETOS assignment table to better assist the Agency in assigning these important classifications, based off clinical input.
- Source Code Utilization Crosswalk Table: A table estimating the flow of claims data from existing codes to the new/revised codes. This information is used to project the work relative value savings to be included in the 2017 conversion factor increase.
- New Technology List and Flow Chart: In April 2006, the RUC adopted a process to identify and review codes that represent new technology or services that have the potential to change in value. To date, the RUC has identified 504 of these procedures through the review of new CPT codes. A table of these codes identified as new technology services and the date of review is enclosed, as well as a flow chart providing a detailed description of the process to be utilized to review these services.

We appreciate your consideration of these RUC recommendations. If you have any questions regarding the attached materials, please contact Sherry Smith at (312) 464-5604.

Sincerely,



Peter K. Smith, MD

Enclosures

cc: Jessica Bruton
Edith Hambrick, MD
Ryan Howe
Kathy Kersell
John McInnes, MD
Steve Phurrough, MD
Chava Sheffield
Michael Soracoe
RUC Participants

Specialty: AAOS, APTA

Action Plan for Review of Potentially Misvalued Services
January 2016

CPT	Long Descriptor	RVW	GLOB
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	0.28	XXX

Screen: Services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013.

Include codes from family (please list all): N/A

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)
❑ **Survey**
❑ **Refer to CPT/CPT Assistant**
☒ **Maintain**
☒ **Other Action (please describe):** Mark screen complete. Refer to CMS for investigation.

Rationale for Recommended Action:

The utilization for code 95831 had remained quite stable for many years. The increase in utilization appears to have started in 2012, with subsequent significant annual increases that could not be explained by an aging population alone. Another confounding factor was the high utilization by ophthalmologists that suddenly appeared.

To assist with our review of code 95831, we analyzed the Medicare data using the Physician/Supplier Procedure Summary Master File[1] (PSPS) for years 1999, 2012, 2013, and 2014. This review indicated that claims in Texas accounted for almost the entire recent increase in utilization. The table below summarizes the findings from the master file.

Year	CARRIER	Alwd Charges	Alwd Freq	% of total	Notes
1999	**Total**	**$745,713**	**34,419**		In 1999, Texas utilization was 14% of total utilization.
	00590 (Texas)	*$110,111*	*4,762*	*14%*	
2011	**Total**	**$1,264,881**	**44,415**		In 2011, total utilization had started to increase and the percentage of claims from Texas increased to 59%.
	04402 (Texas)	*$731,290*	*26,146*	*59%*	
2013	**Total**	**$2,582,406**	**92,538**		In 2013, total utilization doubled from 2011 and the percentage of claims from Texas increased to 74%. In addition, in 2013, utilization by ophthalmology appeared. The 2013 PSPS file indicated that 100% of the 9,953 claims from ophthalmology specialty all came from Texas.
	04412 (Texas)	*$1,889,634*	*68,274*	*74%*	

Year	CARRIER	Alwd Charges	Alwd Freq	% of total	Notes
2014	**Total**	**$3,095,095**	**116,500**		In 2014, total utilization increased again and the percentage of claims from Texas increased to 80%. In addition, once again, 100% of the 10,300 claims from ophthalmology specialty all came from Texas.
	04412 (Texas)	*$2,477,228*	*93,778*	*80%*	

Further investigation into utilization of code 95831 in Texas resulted in discovery of (at least) two providers that were disciplined and fined on May 19, 2015 by the Texas Commissioner of Workers' Compensation for submitting claims for 95831 (and 95832) without having provided the service. These two provider profiles on the Medicare payments website indicate they submitted 34,880 claims for 95831 in 2013. This represented 38% of the total number of claims for this code and almost 100% of the claims submitted to Medicare for these two providers. We were not able to locate who was submitting claims using an ophthalmologist's NPI and suggest that the RUC refer this issue to CMS to investigate.

Without claims from these two providers and other errant claims in Texas, code 95831 would not have been screened as high growth. We request that this code be removed from the screen and marked complete. We also request that whatever decreases in utilization occur after the Agency's investigation be considered as savings that are applied to the target for reduced expenditures.

Timeline (please list expected CPT/RUC meetings as applicable):

Mark screen complete at January 2016 meeting.

[1] This file is a 100% summary of all Part B Carrier and DMERC Claims processed through the Common Working File and stored in the National Claims History Repository. The file is arrayed by carrier, pricing locality, Healthcare Common Procedure Coding (HCPC), modifier 1, modifier 2, specialty, type of service and place of service. The summarized fields are total submitted services and charges, total allowed services and charges, total denied services and charges, and total payment amounts. This file is produced annually in addition to the existing annual PSPS file.

AMA/Specialty Society RVS Update Committee **Tab 59**
Surgical Global Workgroup Meeting
January 15, 2016

Members Present: George Williams, MD (Chair); Walt Larimore, MD (Vice Chair); Amr Abouleish, Allan Anderson, MD; Robert Dale Blasier, MD; William Donovan, MD; David Hitzeman, DO; Mollie MacCormack, MD; Christopher Senkowski, MD, FACS; Matthew Sideman, MD; Holly Stanley, MD;

I. Discuss Recent Developments Surrounding CMS Open Forum Call

The Chair briefly explained that in mid-December, CMS announced that they would be holding an open forum call on January 20th entitled *Collecting Data on Global Surgery as Required by MACRA Listening Session*. The purpose of this call is to solicit comments so that RAND, which has been hired by CMS to construct the Agency's collection process, can hear feedback from the physician community on the legislative mandate the Agency has to collect data related to the work performed in the post-operative period of surgical services.

II. Review Published Questions – Assemble Workgroup Comments/Ideas

The Workgroup went through each of the five questions that CMS is seeking input on.

1) Mechanisms for capturing the types of services typically furnished during the global period

The Workgroup members discussed that the use of CPT code 99024 *Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure* is currently being reported in many large hospital-based physician group practices, and in other employed practices using facility based billing. Given that claims systems have generally been setup to accept this service for reporting purposes, requiring the inclusion of this code would represent the best option for a claims-based approach to acquire the number of post-operative visits being performed in the global period. It would avoid having to develop other systems to approach capture of these visits that have the great potential to disrupt established coding, billing, and claims adjudication systems used both by practices as well as carriers.

However, this approach would not address the level of E/M visit. The Workgroup discussed this issue and noted that the current level of E/M visits in the physician time file shows that nearly 98% of all the visits are either 99212 or 99213.

CPT Code	2014 Global Surgical E/M Utilization Percentage (All codes)
99211	0.38%
99212	57.08%
99213	41.29%
99214	1.22%
99215	0.03%
TOTALS	100.00%

Given this information, the amount of time and effort generated towards collecting this information would be unlikely to generate any different data points than currently assumed.

Furthermore, the RUC has already looked at services with outlier post-operative visits and will be addressing these services over the next few meetings.

If the Agency still believes it is in their mandate to collect the level of visits, the Workgroup offered several recommendations:

- A modified survey could be completed by the representative sample that would indicate what level of visit they performed for the typical patient for a given service.
- CMS could create a separate portal that could collect this information.
- Either of these options would remove the onerous nature of creating new claims systems that may be rejected by claims scrubbers in billing departments across the nation.

Additionally, several Workgroup members suggested that the issue of incident-to be considered. The members were specifically concerned that data on who performs the post-operative visits be collected. Specifically, is it a physician or a physician extender?

Finally, the Workgroup reiterated that the Agency should not use a claims-based collection mechanism to determine the additional physician work and practice expense involved in the global period. The current direct practice expense inputs are extremely granular and have the advantage of having direct Agency participation at the RUC. Again, the Agency should consider the above mechanisms described above (e.g. modified survey and/or a separate portal) to collect this information.

CMS should make all data collected available and transparent.

2) <u>Determining the representative sample for the claims-based data collection</u>

The Workgroup reiterated that the representative sample must include medium and small practices and not just the large hospital-based practices that often represent modified practice patterns than the majority of the practicing physicians in suburban and rural areas.

The Workgroup also discussed the growing number of registries that may be used to determine the sample. However, each registry is different and would need to be assessed prior to use.

3) <u>Determining whether CMS should collect data on all surgical services or which services should be sampled</u>

The Workgroup discussed that according to 2014 Medicare utilization, there are only 108 010-day global and 152 090-day global codes performed more than 10,000 times. Given this, the collection process should not include all services, as many surgical globals are low volume and would be difficult to find a meaningful sample.

The Workgroup noted that the RUC is in a position to review the Medicare data to determine a set of services which are representative to the spectrum of specialties who perform surgical services. AMA staff can array the surgical services by total specialty volume as well as the number of individual surgeons performing the service. Additionally, allowed charges should be included, as the Agency often uses this data point in their analysis.

AMA staff conducted an analysis of all surgical global codes and noted that there are only 235 surgical global codes in which 100 or more physicians from across the country are performing. This list of codes should be the base-line set of codes to be considered, to ensure an appropriate sample can be obtained.

4) Potential for designing data collection elements to interface with existing infrastructure used to track follow-up visits within the global period

   The Medicare Part A files currently allow for CMS to review Medicare Part A claims data to determine the length of post-operative stay in the hospital facility setting. These data can be matched to the post-operative visits (eg, recorded as 99024) from Part B facility-based practices to give the Agency reasonable data to determine if the number of post-operative visits is appropriate for individual services.

5) The law allows Medicare to withhold 5% of a physician payment until the request information is furnished

   The Workgroup discussed that the specific language of the law that indicates the Agency "may" withhold 5% of a physician's payment if the information is not furnished. The RUC would oppose any application of a penalty. However, if the Agency decides to move forward with the penalty, there needs to be an appeals process in place to allow physicians with hardships and/or who are making a good faith effort to report, exempt from the penalty.

III. Further Business

AMA staff will take this report and past RUC comments and collate the RUC's official response for the call. Workgroup members who are available to be on the call should notify AMA staff and the RUC comments will be divided amongst several physicians who can speak to these issues on the open forum call.

CPT	Long Descriptor	Global	Specialty	Spec %	2014 Frequency	2014 Charges	# of providers
17000	Destruction (eg, laser surgery, electrosurgery, cryosu	010	DERMATOLOGY	79%	5,377,355	$ 323,247,974	20,912
66984	Extracapsular cataract removal with insertion of intrac	090	OPHTHALMOLOGY	100%	1,627,245	$ 1,066,588,175	14,746
17110	Destruction (eg, laser surgery, electrosurgery, cryosu	010	DERMATOLOGY	70%	1,825,900	$ 186,643,721	13,030
27447	Arthroplasty, knee, condyle and plateau; medial AND	090	ORTHOPEDIC SURGERY	99%	270,501	$ 398,987,073	10,450
66821	Discission of secondary membranous cataract (opac	090	OPHTHALMOLOGY	99%	627,871	$ 199,996,801	9,001
17004	Destruction (eg, laser surgery, electrosurgery, cryosu	010	DERMATOLOGY	84%	778,256	$ 114,543,795	6,931
27130	Arthroplasty, acetabular and proximal femoral prosth	090	ORTHOPEDIC SURGERY	99%	133,735	$ 201,427,918	5,817
10060	Incision and drainage of abscess (eg, carbuncle, sup	010	PODIATRY	44%	454,432	$ 50,055,222	5,810
63047	Laminectomy, facetectomy and foraminotomy (unilate	090	NEUROSURGERY	54%	101,646	$ 91,856,868	4,644
47562	Laparoscopy, surgical; cholecystectomy	090	GENERAL SURGERY	94%	109,672	$ 72,911,979	4,560
11750	Excision of nail and nail matrix, partial or complete (e	010	PODIATRY	93%	210,353	$ 42,328,014	4,511
17262	Destruction, malignant lesion (eg, laser surgery, elec	010	DERMATOLOGY	89%	244,902	$ 36,443,916	4,490
66982	Extracapsular cataract removal with insertion of intrac	090	OPHTHALMOLOGY	100%	174,261	$ 142,878,176	4,146
12032	Repair, intermediate, wounds of scalp, axillae, trunk a	010	DERMATOLOGY	73%	227,718	$ 58,197,239	4,067
36561	Insertion of tunneled centrally inserted central venous	010	GENERAL SURGERY	45%	128,194	$ 49,922,875	3,782
36558	Insertion of tunneled centrally inserted central venous	010	DIAGNOSTIC RADIOLOGY	43%	127,682	$ 38,955,347	3,684
11602	Excision, malignant lesion including margins, trunk, a	010	DERMATOLOGY	77%	191,818	$ 28,123,782	3,521
33208	Insertion of new or replacement of permanent pacem	090	CARDIOLOGY	55%	105,926	$ 55,206,167	3,463
33533	Coronary artery bypass, using arterial graft(s); single	090	CARDIAC SURGERY	51%	63,820	$ 122,086,935	3,175
64635	Destruction by neurolytic agent, paravertebral facet jo	010	INTERVENTIONAL PAIN MANAGEMENT	32%	214,371	$ 60,787,351	2,793
68761	Closure of the lacrimal punctum; by plug, each	010	OPHTHALMOLOGY	72%	410,692	$ 47,947,803	2,780
13132	Repair, complex, forehead, cheeks, chin, mouth, nec	010	DERMATOLOGY	85%	234,299	$ 70,470,953	2,723
17261	Destruction, malignant lesion (eg, laser surgery, elec	010	DERMATOLOGY	88%	132,906	$ 15,408,676	2,641
64721	Neuroplasty and/or transposition; median nerve at ca	090	ORTHOPEDIC SURGERY	62%	113,663	$ 43,685,942	2,579
27245	Treatment of intertrochanteric, peritrochanteric, or su	090	ORTHOPEDIC SURGERY	97%	78,880	$ 101,932,108	2,495
36589	Removal of tunneled central venous catheter, withou	010	DIAGNOSTIC RADIOLOGY	27%	95,904	$ 13,578,752	2,491
29827	Arthroscopy, shoulder, surgical; with rotator cuff repa	090	ORTHOPEDIC SURGERY	95%	60,090	$ 69,375,863	2,488
65855	Trabeculoplasty by laser surgery	010	OPHTHALMOLOGY	100%	150,092	$ 50,632,544	2,454
11642	Excision, malignant lesion including margins, face, ea	010	DERMATOLOGY	64%	120,400	$ 20,714,697	2,240
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to	010	DERMATOLOGY	80%	136,591	$ 43,250,987	2,181
17281	Destruction, malignant lesion (eg, laser surgery, elec	010	DERMATOLOGY	88%	111,551	$ 16,989,137	2,147
22612	Arthrodesis, posterior or posterolateral technique, sin	090	ORTHOPEDIC SURGERY	59%	43,166	$ 71,365,418	2,087
14060	Adjacent tissue transfer or rearrangement, eyelids, n	090	DERMATOLOGY	56%	91,822	$ 65,646,475	2,059
35301	Thromboendarterectomy, including patch graft, if per	090	VASCULAR SURGERY	52%	46,290	$ 57,079,720	2,019
49505	Repair initial inguinal hernia, age 5 years or older; re	090	GENERAL SURGERY	93%	71,319	$ 36,146,772	1,991
11603	Excision, malignant lesion including margins, trunk, a	010	DERMATOLOGY	72%	101,613	$ 16,769,061	1,969
17282	Destruction, malignant lesion (eg, laser surgery, elec	010	DERMATOLOGY	89%	104,998	$ 19,147,222	1,947
47563	Laparoscopy, surgical; cholecystectomy with cholang	090	GENERAL SURGERY	95%	48,553	$ 34,932,238	1,847
27236	Open treatment of femoral fracture, proximal end, ne	090	ORTHOPEDIC SURGERY	98%	62,026	$ 78,305,111	1,802
33405	Replacement, aortic valve, with cardiopulmonary byp	090	CARDIAC SURGERY	53%	29,856	$ 70,646,909	1,776
33249	Insertion or replacement of permanent implantable d	090	CARDIAC ELECTROPHYSIOLOGY	48%	49,476	$ 45,810,946	1,771
17272	Destruction, malignant lesion (eg, laser surgery, elec	010	DERMATOLOGY	89%	81,235	$ 13,041,143	1,734
10061	Incision and drainage of abscess (eg, carbuncle, sup	010	PODIATRY	34%	172,286	$ 32,592,843	1,719
29881	Arthroscopy, knee, surgical; with meniscectomy (med	090	ORTHOPEDIC SURGERY	98%	63,642	$ 30,757,578	1,689
22551	Arthrodesis, anterior interbody, including disc space p	090	NEUROSURGERY	65%	35,145	$ 63,863,319	1,639
11402	Excision, benign lesion including margins, except ski	010	DERMATOLOGY	53%	112,622	$ 12,195,433	1,620
11200	Removal of skin tags, multiple fibrocutaneous tags, a	010	DERMATOLOGY	47%	105,092	$ 7,109,219	1,606
67228	Treatment of extensive or progressive retinopathy (e	010	OPHTHALMOLOGY	100%	76,910	$ 80,559,619	1,539
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	010	DERMATOLOGY	74%	75,899	$ 24,206,710	1,519
50590	Lithotripsy, extracorporeal shock wave	090	UROLOGY	100%	60,346	$ 33,944,265	1,495
26055	Tendon sheath incision (eg, for trigger finger)	090	ORTHOPEDIC SURGERY	61%	82,533	$ 21,436,265	1,483
22633	Arthrodesis, combined posterior or posterolateral tec	090	NEUROSURGERY	51%	32,251	$ 63,928,724	1,479
52601	Transurethral electrosurgical resection of prostate, in	090	UROLOGY	99%	46,978	$ 40,065,951	1,472
67210	Destruction of localized lesion of retina (eg, macular	090	OPHTHALMOLOGY	100%	78,622	$ 42,490,761	1,441
29824	Arthroscopy, shoulder, surgical; distal claviculectomy	090	ORTHOPEDIC SURGERY	94%	40,098	$ 15,116,767	1,427
12052	Repair, intermediate, wounds of face, ears, eyelids, n	010	DERMATOLOGY	69%	77,723	$ 16,371,982	1,396
23472	Arthroplasty, glenohumeral joint; total shoulder (glen	090	ORTHOPEDIC SURGERY	93%	39,307	$ 62,535,838	1,353
17111	Destruction (eg, laser surgery, electrosurgery, cryosu	010	DERMATOLOGY	77%	92,043	$ 11,440,812	1,321

235 codes which have either 10k utilization or $10m allowed charges.
The list was then reduced to only those codes which were done by at least 100 physicians across the U.S.

Specialty	Number of Codes (Primary Specialty)
DERMATOLOGY	61
ORTHOPEDIC SURGERY	37
OPHTHALMOLOGY	33
GENERAL SURGERY	18
PODIATRY	17
VASCULAR SURGERY	12
NEUROSURGERY	9
UROLOGY	9
OTOLARYNGOLOGY	6
CARDIOLOGY	5
DIAGNOSTIC RADIOLOGY	5
CARDIAC SURGERY	4
INTERVENTIONAL PAIN MANAGEMENT	4
PLASTIC AND RECONSTRUCTIVE SURGERY	4
OBSTETRICS/GYNECOLOGY	3
CARDIAC ELECTROPHYSIOLOGY	2
GASTROENTEROLOGY	2
THORACIC SURGERY	2
ANESTHESIOLOGY	1
NEUROLOGY	1
Specialty	1

CPT	Long Descriptor	Global	Specialty	Spec %	2014 Frequency	2014 Charges	# of providers
14040	Adjacent tissue transfer or rearrangement, forehead,	090	DERMATOLOGY	53%	72,944	$ 49,654,569	1,299
29880	Arthroscopy, knee, surgical; with meniscectomy (med	090	ORTHOPEDIC SURGERY	98%	49,603	$ 24,961,882	1,286
38525	Biopsy or excision of lymph node(s); open, deep axill	090	GENERAL SURGERY	82%	50,399	$ 12,937,466	1,273
17271	Destruction, malignant lesion (eg, laser surgery, elec	010	DERMATOLOGY	89%	55,520	$ 7,412,110	1,263
11622	Excision, malignant lesion including margins, scalp, r	010	DERMATOLOGY	72%	62,381	$ 10,026,374	1,244
63030	Laminotomy (hemilaminectomy), with decompression	090	NEUROSURGERY	56%	37,932	$ 31,529,414	1,193
29823	Arthroscopy, shoulder, surgical; debridement, extens	090	ORTHOPEDIC SURGERY	95%	29,328	$ 9,828,105	1,186
15260	Full thickness graft, free, including direct closure of d	090	DERMATOLOGY	64%	54,654	$ 51,615,285	1,170
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, qua	090	GENERAL SURGERY	83%	47,918	$ 30,333,723	1,161
28285	Correction, hammertoe (eg, interphalangeal fusion, p	090	PODIATRY	80%	81,365	$ 22,067,829	1,142
36870	Thrombectomy, percutaneous, arteriovenous fistula,	090	DIAGNOSTIC RADIOLOGY	32%	59,655	$ 61,722,675	1,137
15823	Blepharoplasty, upper eyelid; with excessive skin wei	090	OPHTHALMOLOGY	89%	95,764	$ 40,639,434	1,130
36821	Arteriovenous anastomosis, open; direct, any site (eg	090	VASCULAR SURGERY	53%	33,407	$ 24,256,560	1,130
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucon	010	OPHTHALMOLOGY	100%	79,066	$ 22,500,011	1,106
33228	Removal of permanent pacemaker pulse generator w	090	CARDIOLOGY	58%	37,619	$ 13,768,010	1,071
12051	Repair, intermediate, wounds of face, ears, eyelids, n	010	DERMATOLOGY	55%	58,343	$ 10,192,684	1,058
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 (	010	DERMATOLOGY	80%	48,689	$ 14,916,049	1,037
69433	Tympanostomy (requiring insertion of ventilating tube	010	OTOLARYNGOLOGY	98%	44,505	$ 8,000,259	1,033
46221	Hemorrhoidectomy, internal, by rubber band ligation(	010	GASTROENTEROLOGY	42%	73,424	$ 18,239,265	987
12031	Repair, intermediate, wounds of scalp, axillae, trunk a	010	DERMATOLOGY	58%	57,089	$ 10,415,776	960
12042	Repair, intermediate, wounds of neck, hands, feet an	010	DERMATOLOGY	70%	46,837	$ 10,039,246	946
11401	Excision, benign lesion including margins, except ski	010	DERMATOLOGY	49%	78,164	$ 8,469,918	939
67840	Excision of lesion of eyelid (except chalazion) without	010	OPHTHALMOLOGY	95%	50,212	$ 12,123,725	921
11641	Excision, malignant lesion including margins, face, ea	010	DERMATOLOGY	58%	50,323	$ 8,079,296	917
36471	Injection of sclerosing solution; multiple veins, same l	010	VASCULAR SURGERY	22%	125,237	$ 19,744,978	857
17263	Destruction, malignant lesion (eg, laser surgery, elec	010	DERMATOLOGY	89%	45,668	$ 7,787,790	845
14041	Adjacent tissue transfer or rearrangement, forehead,	090	DERMATOLOGY	68%	42,648	$ 37,235,447	830
67042	Vitrectomy, mechanical, pars plana approach; with re	090	OPHTHALMOLOGY	100%	24,699	$ 39,602,622	823
36581	Replacement, complete, of a tunneled centrally inser	010	DIAGNOSTIC RADIOLOGY	38%	38,581	$ 14,487,130	810
64612	Chemodenervation of muscle(s); muscle(s) innervate	010	OPHTHALMOLOGY	54%	103,425	$ 11,859,404	803
57288	Sling operation for stress incontinence (eg, fascia or	090	OBSTETRICS/GYNECOLOGY	58%	25,880	$ 15,704,902	779
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 (	010	DERMATOLOGY	75%	32,839	$ 8,720,130	773
52648	Laser vaporization of prostate, including control of po	090	UROLOGY	99%	24,427	$ 18,774,114	761
17280	Destruction, malignant lesion (eg, laser surgery, elec	010	DERMATOLOGY	82%	35,961	$ 4,093,928	757
13131	Repair, complex, forehead, cheeks, chin, mouth, neck	010	DERMATOLOGY	75%	36,934	$ 9,406,759	753
64633	Destruction by neurolytic agent, paravertebral facet jo	010	INTERVENTIONAL PAIN MANAGEMENT	33%	49,792	$ 14,730,330	726
11643	Excision, malignant lesion including margins, face, ea	010	DERMATOLOGY	50%	42,136	$ 9,345,136	684
49650	Laparoscopy, surgical; repair initial inguinal hernia	090	GENERAL SURGERY	95%	32,839	$ 12,028,221	673
63650	Percutaneous implantation of neurostimulator electro	010	INTERVENTIONAL PAIN MANAGEMENT	30%	46,995	$ 25,199,401	672
67904	Repair of blepharoptosis; (tarso) levator resection or	090	OPHTHALMOLOGY	93%	50,117	$ 25,161,832	649
36830	Creation of arteriovenous fistula by other than direct	090	VASCULAR SURGERY	56%	22,447	$ 15,265,174	617
29848	Endoscopy, wrist, surgical, with release of transverse	090	ORTHOPEDIC SURGERY	49%	27,502	$ 12,797,698	608
14061	Adjacent tissue transfer or rearrangement, eyelids, n	090	DERMATOLOGY	68%	27,721	$ 25,813,936	599
10140	Incision and drainage of hematoma, seroma or fluid c	010	PODIATRY	54%	71,949	$ 9,944,719	581
22558	Arthrodesis, anterior interbody technique, including n	090	ORTHOPEDIC SURGERY	53%	14,039	$ 19,823,913	564
10040	Acne surgery (eg, marsupialization, opening or remo	010	DERMATOLOGY	79%	31,445	$ 2,743,240	560
68840	Probing of lacrimal canaliculi, with or without irrigation	010	OPHTHALMOLOGY	92%	46,503	$ 4,951,942	553
67145	Prophylaxis of retinal detachment (eg, retinal break, l	090	OPHTHALMOLOGY	100%	23,314	$ 12,367,772	550
36590	Removal of tunneled central venous access device, w	010	GENERAL SURGERY	50%	51,598	$ 10,931,512	547
67041	Vitrectomy, mechanical, pars plana approach; with re	090	OPHTHALMOLOGY	100%	14,301	$ 19,836,172	547
36832	Revision, open, arteriovenous fistula; without thromb	090	VASCULAR SURGERY	55%	20,915	$ 12,180,269	535
23412	Repair of ruptured musculotendinous cuff (eg, rotator	090	ORTHOPEDIC SURGERY	96%	17,555	$ 14,968,203	503
55866	Laparoscopy, surgical prostatectomy, retropubic radi	090	UROLOGY	99%	13,196	$ 24,335,924	496
14301	Adjacent tissue transfer or rearrangement, any area;	090	DERMATOLOGY	39%	28,486	$ 25,961,254	493
10160	Puncture aspiration of abscess, hematoma, bulla, or	010	PODIATRY	31%	65,289	$ 7,217,362	473
64640	Destruction by neurolytic agent; other peripheral nerv	010	PODIATRY	34%	78,065	$ 6,685,837	470
67108	Repair of retinal detachment; with vitrectomy, any me	090	OPHTHALMOLOGY	100%	14,077	$ 23,566,039	467
67036	Vitrectomy, mechanical, pars plana approach;	090	OPHTHALMOLOGY	100%	14,921	$ 14,945,079	463
67917	Repair of ectropion; extensive (eg, tarsal strip operat	090	OPHTHALMOLOGY	94%	27,098	$ 9,359,782	462

The list was then reduced to only those codes which were done by at least 100 physicians across the U.S.

CPT	Long Descriptor	Global	Specialty	Spec %	2014 Frequency	2014 Charges	# of providers
33264	Removal of implantable defibrillator pulse generator v	090	CARDIAC ELECTROPHYSIOLOGY	49%	17,466	$ 7,187,096	458
63042	Laminotomy (hemilaminectomy), with decompression	090	ORTHOPEDIC SURGERY	53%	18,067	$ 19,586,862	456
49440	Insertion of gastrostomy tube, percutaneous, under fl	010	DIAGNOSTIC RADIOLOGY	70%	18,535	$ 4,334,266	451
11601	Excision, malignant lesion including margins, trunk, a	010	DERMATOLOGY	60%	32,092	$ 5,136,572	446
20680	Removal of implant; deep (eg, buried wire, pin, screw	090	ORTHOPEDIC SURGERY	68%	55,036	$ 19,191,772	444
64615	Chemodenervation of muscle(s); muscle(s) innervate	010	NEUROLOGY	78%	59,882	$ 8,377,058	444
50360	Renal allotransplantation, implantation of graft; witho	090	GENERAL SURGERY	88%	9,954	$ 25,189,506	441
11441	Excision, other benign lesion including margins, exce	010	DERMATOLOGY	36%	42,596	$ 5,356,589	434
63685	Insertion or replacement of spinal neurostimulator pu	010	NEUROSURGERY	36%	14,629	$ 3,264,035	431
27446	Arthroplasty, knee, condyle and plateau; medial OR l	090	ORTHOPEDIC SURGERY	99%	15,533	$ 19,606,357	425
11604	Excision, malignant lesion including margins, trunk, a	010	DERMATOLOGY	59%	35,383	$ 8,012,578	419
25600	Closed treatment of distal radial fracture (eg, Colles o	090	ORTHOPEDIC SURGERY	64%	46,573	$ 14,076,369	415
25447	Arthroplasty, interposition, intercarpal or carpometaca	090	ORTHOPEDIC SURGERY	54%	16,013	$ 13,360,258	409
29822	Arthroscopy, shoulder, surgical; debridement, limited	090	ORTHOPEDIC SURGERY	96%	17,105	$ 4,546,906	408
11403	Excision, benign lesion including margins, except skir	010	DERMATOLOGY	41%	49,235	$ 6,284,869	404
11442	Excision, other benign lesion including margins, exce	010	DERMATOLOGY	40%	40,820	$ 5,296,287	400
11765	Wedge excision of skin of nail fold (eg, for ingrown to	010	PODIATRY	91%	49,574	$ 7,251,603	395
68801	Dilation of lacrimal punctum, with or without irrigation	010	OPHTHALMOLOGY	73%	42,985	$ 4,239,542	392
30520	Septoplasty or submucous resection, with or without	090	OTOLARYNGOLOGY	98%	21,742	$ 9,467,258	385
34802	Endovascular repair of infrarenal abdominal aortic an	090	VASCULAR SURGERY	56%	11,814	$ 16,541,395	377
58571	Laparoscopy, surgical, with total hysterectomy, for ut	090	OBSTETRICS/GYNECOLOGY	54%	14,862	$ 16,621,102	376
65756	Keratoplasty (corneal transplant); endothelial	090	OPHTHALMOLOGY	100%	12,508	$ 15,085,079	370
33207	Insertion of new or replacement of permanent pacem	090	CARDIOLOGY	54%	19,929	$ 9,365,559	362
19125	Excision of breast lesion identified by preoperative pl	090	GENERAL SURGERY	87%	19,473	$ 8,579,919	359
11440	Excision, other benign lesion including margins, exce	010	OPHTHALMOLOGY	34%	36,968	$ 3,951,218	357
66180	Aqueous shunt to extraocular equatorial plate reserv	090	OPHTHALMOLOGY	100%	12,911	$ 15,624,022	355
17260	Destruction, malignant lesion (eg, laser surgery, elec	010	DERMATOLOGY	83%	20,425	$ 1,384,708	354
60500	Parathyroidectomy or exploration of parathyroid(s);	090	GENERAL SURGERY	60%	14,522	$ 14,696,352	344
11623	Excision, malignant lesion including margins, scalp, n	010	DERMATOLOGY	60%	27,114	$ 5,946,092	340
11606	Excision, malignant lesion including margins, trunk, a	010	DERMATOLOGY	35%	31,314	$ 11,158,315	336
14020	Adjacent tissue transfer or rearrangement, scalp, arn	090	DERMATOLOGY	49%	20,195	$ 12,543,131	330
23430	Tenodesis of long tendon of biceps	090	ORTHOPEDIC SURGERY	93%	14,364	$ 6,555,253	330
68810	Probing of nasolacrimal duct, with or without irrigation	010	OPHTHALMOLOGY	95%	30,325	$ 6,295,088	329
19303	Mastectomy, simple, complete	090	GENERAL SURGERY	85%	24,292	$ 22,043,539	325
33263	Removal of implantable defibrillator pulse generator v	090	CARDIOLOGY	50%	12,750	$ 5,077,079	322
67255	Scleral reinforcement (separate procedure); with graf	090	OPHTHALMOLOGY	100%	11,908	$ 6,010,587	320
30140	Submucous resection inferior turbinate, partial or con	090	OTOLARYNGOLOGY	98%	33,455	$ 8,938,695	313
27487	Revision of total knee arthroplasty, with or without all	090	ORTHOPEDIC SURGERY	99%	14,536	$ 27,608,638	309
43775	Laparoscopy, surgical, gastric restrictive procedure; l	090	GENERAL SURGERY	96%	9,855	$ 12,223,006	304
38571	Laparoscopy, surgical; with bilateral total pelvic lymph	010	UROLOGY	79%	10,539	$ 4,761,433	301
67040	Vitrectomy, mechanical, pars plana approach; with er	090	OPHTHALMOLOGY	100%	10,786	$ 15,862,849	298
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	090	ORTHOPEDIC SURGERY	95%	11,755	$ 7,004,492	297
67113	Repair of complex retinal detachment (eg, proliferativ	090	OPHTHALMOLOGY	100%	11,584	$ 21,014,357	295
28270	Capsulotomy; metatarsophalangeal joint, with or with	090	PODIATRY	76%	27,089	$ 6,561,199	294
66170	Fistulization of sclera for glaucoma; trabeculectomy a	090	OPHTHALMOLOGY	100%	11,511	$ 14,527,303	292
43644	Laparoscopy, surgical, gastric restrictive procedure; v	090	GENERAL SURGERY	98%	5,953	$ 11,025,037	288
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 o	090	ORTHOPEDIC SURGERY	97%	12,998	$ 7,712,958	287
14021	Adjacent tissue transfer or rearrangement, scalp, arn	090	DERMATOLOGY	57%	18,557	$ 14,944,696	285
34825	Placement of proximal or distal extension prosthesis	090	VASCULAR SURGERY	59%	11,727	$ 5,130,647	274
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-2	090	VASCULAR SURGERY	38%	15,294	$ 7,239,146	267
49560	Repair initial incisional or ventral hernia; reducible	090	GENERAL SURGERY	87%	28,196	$ 19,018,729	259
11400	Excision, benign lesion including margins, except skir	010	DERMATOLOGY	38%	32,618	$ 3,105,611	258
36819	Arteriovenous anastomosis, open; by upper arm bas	090	VASCULAR SURGERY	54%	10,515	$ 8,109,860	254
11422	Excision, benign lesion including margins, except skir	010	DERMATOLOGY	41%	40,240	$ 5,031,179	252
12034	Repair, intermediate, wounds of scalp, axillae, trunk a	010	DERMATOLOGY	47%	22,036	$ 4,467,643	251
53850	Transurethral destruction of prostate tissue; by micro	090	UROLOGY	99%	9,227	$ 19,216,488	249
64718	Neuroplasty and/or transposition; ulnar nerve at elbo	090	ORTHOPEDIC SURGERY	58%	20,209	$ 11,267,322	241
15734	Muscle, myocutaneous, or fasciocutaneous flap; trun	090	PLASTIC AND RECONSTRUCTIVE SURGERY	47%	23,069	$ 25,438,674	237
27134	Revision of total hip arthroplasty; both components, v	090	ORTHOPEDIC SURGERY	99%	11,252	$ 22,758,553	236

The list was then reduced to only those codes which were done by at least 100 physicians across the U.S.

CPT	Long Descriptor	Global	Specialty	Spec %	2014 Frequency	2014 Charges	# of providers
17283	Destruction, malignant lesion (eg, laser surgery, elec	010	DERMATOLOGY	84%	15,501	$ 3,506,278	235
32663	Thoracoscopy, surgical; with lobectomy (single lobe)	090	THORACIC SURGERY	71%	6,499	$ 10,037,657	233
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (in	090	ORTHOPEDIC SURGERY	98%	10,413	$ 6,945,340	223
43281	Laparoscopy, surgical, repair of paraesophageal her	090	GENERAL SURGERY	89%	9,580	$ 15,197,566	221
33430	Replacement, mitral valve, with cardiopulmonary byp	090	CARDIAC SURGERY	54%	8,435	$ 26,354,447	220
67900	Repair of brow ptosis (supraciliary, mid-forehead or c	090	OPHTHALMOLOGY	85%	17,532	$ 4,792,027	218
28470	Closed treatment of metatarsal fracture; without man	090	ORTHOPEDIC SURGERY	49%	36,996	$ 7,158,638	217
11421	Excision, benign lesion including margins, except ski	010	DERMATOLOGY	35%	34,102	$ 4,161,188	215
69420	Myringotomy including aspiration and/or eustachian t	010	OTOLARYNGOLOGY	97%	13,654	$ 2,356,067	211
22630	Arthrodesis, posterior interbody technique, including	090	NEUROSURGERY	69%	6,742	$ 10,287,898	210
15732	Muscle, myocutaneous, or fasciocutaneous flap; hea	090	PLASTIC AND RECONSTRUCTIVE SURGERY	41%	12,760	$ 13,785,277	208
66711	Ciliary body destruction; cyclophotocoagulation, endo	090	OPHTHALMOLOGY	100%	10,290	$ 3,840,069	208
17273	Destruction, malignant lesion (eg, laser surgery, elec	010	DERMATOLOGY	86%	15,078	$ 2,832,332	207
64590	Insertion or replacement of peripheral or gastric neur	010	UROLOGY	64%	11,194	$ 1,289,972	205
27244	Treatment of intertrochanteric, peritrochanteric, or su	090	ORTHOPEDIC SURGERY	98%	13,839	$ 17,569,760	204
67924	Repair of entropion; extensive (eg, tarsal strip or cap	090	OPHTHALMOLOGY	97%	12,217	$ 5,160,603	202
37766	Stab phlebectomy of varicose veins, 1 extremity; mor	090	VASCULAR SURGERY	38%	11,696	$ 7,275,490	195
20926	Tissue grafts, other (eg, paratenon, fat, dermis)	090	ORTHOPEDIC SURGERY	20%	12,367	$ 3,657,036	190
64581	Incision for implantation of neurostimulator electrode	090	UROLOGY	69%	10,347	$ 6,809,699	190
11621	Excision, malignant lesion including margins, scalp, n	010	DERMATOLOGY	58%	15,299	$ 2,443,452	185
64561	Percutaneous implantation of neurostimulator electro	010	UROLOGY	75%	15,590	$ 7,571,314	185
32480	Removal of lung, other than pneumonectomy; single	090	THORACIC SURGERY	55%	7,569	$ 11,992,377	184
15100	Split-thickness autograft, trunk, arms, legs; first 100 s	090	PLASTIC AND RECONSTRUCTIVE SURGERY	51%	16,454	$ 10,741,788	183
46930	Destruction of internal hemorrhoid(s) by thermal ener	090	GASTROENTEROLOGY	35%	11,862	$ 2,154,298	180
28308	Osteotomy, with or without lengthening, shortening o	090	PODIATRY	70%	15,813	$ 3,684,623	173
22600	Arthrodesis, posterior or posterolateral technique, sin	090	NEUROSURGERY	68%	11,692	$ 12,578,238	172
12041	Repair, intermediate, wounds of neck, hands, feet an	010	DERMATOLOGY	49%	19,331	$ 3,350,506	171
23600	Closed treatment of proximal humeral (surgical or an	090	ORTHOPEDIC SURGERY	73%	37,358	$ 11,036,462	169
67800	Excision of chalazion; single	010	OPHTHALMOLOGY	98%	18,718	$ 2,424,236	168
38724	Cervical lymphadenectomy (modified radical neck dis	090	OTOLARYNGOLOGY	87%	7,819	$ 10,496,989	166
64555	Percutaneous implantation of neurostimulator electro	010	INTERVENTIONAL PAIN MANAGEMENT	17%	12,696	$ 2,132,943	164
15240	Full thickness graft, free, including direct closure of d	090	DERMATOLOGY	48%	13,377	$ 10,810,570	161
44204	Laparoscopy, surgical; colectomy, partial, with anasto	090	GENERAL SURGERY	72%	12,214	$ 20,121,205	159
17270	Destruction, malignant lesion (eg, laser surgery, elec	010	DERMATOLOGY	82%	10,908	$ 1,345,486	157
64632	Destruction by neurolytic agent; plantar common digi	010	PODIATRY	100%	24,990	$ 1,999,465	154
63081	Vertebral corpectomy (vertebral body resection), part	090	NEUROSURGERY	57%	6,463	$ 12,411,990	153
26160	Excision of lesion of tendon sheath or joint capsule (e	090	ORTHOPEDIC SURGERY	49%	14,908	$ 4,688,990	152
33426	Valvuloplasty, mitral valve, with cardiopulmonary byp	090	CARDIAC SURGERY	50%	5,239	$ 12,466,601	148
11644	Excision, malignant lesion including margins, face, ea	010	DERMATOLOGY	41%	14,678	$ 3,944,260	146
37607	Ligation or banding of angioaccess arteriovenous fist	090	VASCULAR SURGERY	51%	10,909	$ 3,378,342	144
69436	Tympanostomy (requiring insertion of ventilating tube	010	OTOLARYNGOLOGY	99%	15,110	$ 1,916,462	143
57240	Anterior colporrhaphy, repair of cystocele with or with	090	OBSTETRICS/GYNECOLOGY	68%	11,062	$ 5,327,893	142
62264	Percutaneous lysis of epidural adhesions using solut	010	ANESTHESIOLOGY	45%	12,282	$ 3,737,123	140
11420	Excision, benign lesion including margins, except ski	010	PODIATRY	44%	22,746	$ 2,238,949	134
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prost	090	ORTHOPEDIC SURGERY	99%	9,931	$ 11,769,406	134
36470	Injection of sclerosing solution; single vein	010	VASCULAR SURGERY	30%	11,373	$ 1,427,141	132
10120	Incision and removal of foreign body, subcutaneous t	010	PODIATRY	28%	43,481	$ 5,925,999	130
25609	Open treatment of distal radial intra-articular fracture	090	ORTHOPEDIC SURGERY	75%	14,558	$ 15,646,964	130
28232	Tenotomy, open, tendon flexor; toe, single tendon (se	090	PODIATRY	85%	17,900	$ 4,181,051	126
28296	Correction, hallux valgus (bunion), with or without ses	090	PODIATRY	86%	14,301	$ 7,470,144	124
33282	Implantation of patient-activated cardiac event record	090	CARDIOLOGY	59%	21,732	$ 4,877,910	119
28820	Amputation, toe; metatarsophalangeal joint	090	PODIATRY	58%	26,306	$ 9,290,431	118
11640	Excision, malignant lesion including margins, face, ea	010	DERMATOLOGY	41%	11,385	$ 1,763,061	117
27193	Closed treatment of pelvic ring fracture, dislocation, c	090	ORTHOPEDIC SURGERY	89%	19,472	$ 8,993,192	116
44205	Laparoscopy, surgical; colectomy, partial, with remov	090	GENERAL SURGERY	66%	10,581	$ 15,103,116	115
68760	Closure of the lacrimal punctum; by thermocauterizat	010	OPHTHALMOLOGY	99%	12,354	$ 1,950,890	109
15120	Split-thickness autograft, face, scalp, eyelids, mouth,	090	PLASTIC AND RECONSTRUCTIVE SURGERY	39%	10,357	$ 6,353,444	107
28124	Partial excision (craterization, saucerization, sequest	090	PODIATRY	91%	12,878	$ 4,040,179	104
61510	Craniectomy, trephination, bone flap craniotomy; for e	090	NEUROSURGERY	98%	7,649	$ 17,740,493	100

The list was then reduced to only those codes which were done by at least 100 physicians across the U.S.

AMA/Specialty Society RVS Update Committee
Practice Expense Subcommittee

Emergent Procedures Pre-Service Clinical Staff Time Review

At the January 2016 RUC meeting the PE Subcommittee discussed the following list of 14 90 day globals and 1 000 day global with various dominant specialties. The RUC recommendations to CMS are listed below:

CPT Code	Code Descriptor	Global	Pre-Service Clinical Staff Time in the Facility Setting Recommendation
27253	Open treatment of hip dislocation, traumatic, without internal fixation	090	20
27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	090	20
35082	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abal aorta	090	20
35207	Repair blood vessel, direct; hand, finger	090	60
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	090	20
44950	Appendectomy;	090	20
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	090	20
44970	Laparoscopy, surgical, appendectomy	090	20
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	090	20
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral	090	20
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar	090	20
63744	Replacement, irrigation or revision of lumbosubarachnoid shunt	090	20
54220	Irrigation of corpora cavernosa for priapism	000	15
54437	Repair of traumatic corporeal tear(s)	090	20
54438	Replantation, penis, complete amputation including urethral repair	090	20

The PE Subcommittee reviewed the recommendations submitted by the specialties. For the majority of the 15 codes the specialties recommended 20 minutes of pre-service clinical staff time in the facility setting. The 20 minutes is divided in the following breakdown of clinical staff time.

	Description of Clinical Activities - 090	Time allocation		
		Standard	**Current**	**Recommended**
1	Complete pre-service diagnostic and referral forms	5	5	5
2	Coordinate pre-service surgery services	20	20	7
3	Schedule space and equipment in facility	8	8	4
4	Provide pre-service education/obtain consent	20	20	0
5	Follow-up phone call and prescriptions	7	7	4
6	Other Clinical Activity	0	0	0
	TOTAL	**60**	**60**	**20**

The specialties recommended pre-service clinical staff time in the facility setting other than 20 minutes for 6 of the 15 codes that were presented to the PE Subcommittee. These services and the specialty rationale for the recommendation as well as the recommendation of the PE Subcommittee is outline below:

27602 ***Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)***
The dominant specialty for this service in the Medicare population is vascular surgery however orthopaedic surgeons developed the recommendation and argued that the typical patient undergoing 27602 will not be a Medicare-age patient and instead is an elective case for chronic exertional compartment syndrome (CECS). This syndrome most commonly occurs in young adult recreational runners, elite athletes, and military recruits. The population that vascular surgery serves reflected in the Medicare data is the Medicare-age population and the vascular surgeons confirmed that when they perform the services it is typically emergent. It became clear that this is the same procedure with very different PE. The presenters did discuss that the closure for this service is different dependent on the patient's age. The PE Subcommittee determined that it was not appropriate to maintain the 60 minutes of pre-service time as the PE Subcommittee can only utilize the data available, which is for the Medicare population. The Subcommittee did acknowledge that the specialty may choose to take the code to the CPT Editorial Panel to separate the service into two codes in order to capture the different work involved with the closure for each patient population. **The PE Subcommittee recommends reducing the pre-service time in the facility setting to 20 minutes.**

35207 ***Repair blood vessel, direct; hand, finger***
The specialty recommended 60 minutes of pre-service clinical staff time in the facility for this services. The specialty argued that this code is not really an emergent procedure and that the typical patient requiring repair of a blood vessel in the hand or finger is typically not Medicare-aged. The typical patient, instead, is a healthy younger patient who sustains a laceration at work (eg, chef, baker, mechanic) or at home (kitchen knife). In addition, for most patients, laceration of a blood vessel in the hand does not require immediate repair. As a result the codes only had 18 "unique occurrences", this is very low volume and in this situation errant records are magnified when data is used that has a low number of occurrences. The PE Subcommittee agreed with the specialty that this is not an emergent procedure and may be an anomaly in the data caused by the low volume of the service. **The PE Subcommittee recommends maintaining the pre-service time in the facility setting of 60 minutes.**

61313 ***Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral***
61315 ***Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar***
For 61313 and 61315 the specialty recommended 60 minutes of pre-service clinical staff time in the facility setting. The specialty currently has 75 minutes which is standard for many neurosurgery 090 day global codes. The specialty argued that the codes are low volume, so although they have been identified as emergent this is likely an anomaly cause by the low volume. The specialty added that many of these patients will typically be admitted to the ICU and require imaging (angiography, MRI) and labs, and in all patients' efforts will be made to contact family members for medical information and to obtain informed consent. This is a heterogeneous patient population where the clinical picture and the choice of operative intervention may not be simple. The surgeon's clinical staff will schedule the case with the OR; confirm availability of instrumentation; obtain medical records from other treating physicians; and as it is unlikely the patient will be able to provide consent, family members will need to be contacted. Medicare-aged patients are typically on anticoagulation, so ascertaining the type of anticoagulation in a patient unable to provide their own history will require contacting the patient's primary care or other treating physician. The PE Subcommittee did not find this argument compelling and determined that although the clinical staff in the office is performing work for the service it is not greater than the 20 minutes allocated to the other services identified in this review. **The PE Subcommittee recommends reducing the pre-service time in the facility setting to 20 minutes for both codes.**

63744 ***Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar***
For 63744 the specialty recommended maintaining the current time of 60 minutes of pre-service clinical staff time in the facility setting. The specialty argued that the codes are low volume, so although they have been identified as emergent this is likely an anomaly cause by the low volume. The PE Subcommittee did not find this argument compelling and determined that although the clinical staff in the office is performing work for the service it is not greater than the 20 minutes allocated to the other services identified in this review. **The PE Subcommittee recommends reducing the pre-service time in the facility setting to 20 minutes.**

54220 ***Irrigation of corpora cavernosa for priapism***
CPT code 54220 is a Harvard valued code with very low volume. There currently is pre-service time of 30 minutes of pre-service time in the facility setting. Although, the standard clinical staff time in a facility for a 0- and 10-day global period code is zero, the specialty recommended that this service be allocated 15 minutes of pre-service clinical staff time consistent with the PE Subcommittee standards for minimal use of clinical staff. The PE Subcommittee agreed that the clinical staff in the office is performing work for the service. **The PE Subcommittee recommends reducing the pre-service time in the facility setting to 15 minutes.**

Procedure Code	Descriptor	Global	Dominant Specialty	Specialty Soci	Current	SS Pre-S	RUC Pre-Service Time Rec
27253	Open treatment of hip dislocation, traumatic,	90	ORTHOPEDIC SURGERY	AAOS	60	20	20
27602	Decompression fasciotomy, leg; anterior and	90	VASCULAR SURGERY	AAOS	60	60	20
35082	Direct repair of aneurysm, pseudoaneurysm,	90	VASCULAR SURGERY	SVS	60	20	20
35207	Repair blood vessel, direct; hand, finger	90	PLASTIC AND RECONSTRUCTI	AAOS, ASPS,	60	60	60
43840	Gastrorrhaphy, suture of perforated duodena	90	GENERAL SURGERY	ACS, SAGES	60	20	20
44950	Appendectomy;	90	GENERAL SURGERY	ACS, SAGES	15	20	20
44960	Appendectomy; for ruptured appendix with a	90	GENERAL SURGERY	ACS, SAGES	15	20	20
44970	Laparoscopy, surgical, appendectomy	90	GENERAL SURGERY	ACS, SAGES	60	20	20
49553	Repair initial femoral hernia, any age; incarc	90	GENERAL SURGERY	ACS, SAGES	60	20	20
61313	Craniectomy or craniotomy for evacuation of	90	NEUROSURGERY	AANS/CNS	75	60	20
61315	Craniectomy or craniotomy for evacuation of	90	NEUROSURGERY	AANS/CNS	75	60	20
63744	Replacement, irrigation or revision of lumbos	90	NEUROSURGERY	AANS/CNS	60	60	20
54220	Irrigation of corpora cavernosa for priapism	0	UROLOGY	AUA	30	15	15
54437	Repair of traumatic corporeal tear(s)	90	UROLOGY	AUA	60	20	20
54438	Replantation, penis, complete amputation in	90	UROLOGY	AUA	60	20	20

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code 31575**		**CPT Code 31575**		**CPT Code 31576**		**CPT Code 31576**	
3	**Meeting Date: October 2015 REVISED 10.2.15** **Tab: 8** **Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Laryngoscopy, flexible fiberoptic; diagnostic		Laryngoscopy, flexible; diagnostic **Typically done with E/M**		Laryngoscopy, flexible fiberoptic; with biopsy		Laryngoscopy, flexible; with biopsy(s)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**38.0**	**33.0**	**53.0**	**33.0**	**98.0**	**33.0**	**110.0**	**33.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**30.0**	**0.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**38.0**	**0.0**	**53.0**	**0.0**	**77.0**	**0.0**	**89.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**3.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms			**0**	**5**	**0**	**5**	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services			**0**	**10**	**0**	**10**	**3**	**10**	**3**	**10**
14	Schedule space and equipment in facility			**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**
15	Provide pre-service education/obtain consent			**0**	**7**	**0**	**7**	**7**	**7**	**7**	**7**
16	Follow-up phone calls & prescriptions			**0**	**3**	**0**	**3**	**3**	**3**	**3**	**3**
17	Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
18	**End: When patient enters office/facility for surgery/procedure**										
19	**SERVICE PERIOD**										
20	**Start: When patient enters office/facility for surgery/procedure:**										
21	*Complete pre-service diagnostic & referral forms*			**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
22	*Assemble/review x-ray, lab, path reports*			**0**	**0**	**0**	**0**	**2**	**0**	**0**	**0**
23	Greet patient, provide gowning, ensure appropriate medical records are available			**0**	**0**	**0**	**0**	**3**	**0**	**3**	**0**
24	Obtain vital signs			**0**	**0**	**0**	**0**	**5**	**0**	**3**	**0**
25	Provide pre-service education/obtain consent			**3**	**0**	**3**	**0**	**0**	**0**	**0**	**0**
26	Prepare room, equipment, supplies			**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
27	Setup scope (non facility setting only)			**5**	**0**	**5**	**0**	**8**	**0**	**5**	**0**
28	Prepare and position patient/ monitor patient/ set up IV			**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
29	Sedate/apply anesthesia			**2**	**0**	**0**	**0**	**2**	**0**	**0**	**0**
30	Other Clinical Activity - specify:										
31	**Intra-service**										
32	Assist physician in performing procedure			**8**	**0**	**5**	**0**	**32**	**0**	**10**	**0**
33	Assist physician/moderate sedation (% of physician time)			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
34	**Post-Service**										
35	Monitor pt. following moderate sedation			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
36	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)			**0**	**0**	**0**	**0**	**5**	**0**	**15**	**0**
37	Clean room/equipment by physician staff			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
38	Clean Scope			**5**	**0**	**30**	**0**	**7**	**0**	**30**	**0**
39	Clean Surgical Instrument Package			**0**	**0**	**0**	**0**	**0**	**0**	**10**	**0**
40	Complete diagnostic forms, lab & X-ray requisitions			**0**	**0**	**0**	**0**	**3**	**0**	**3**	**0**
41	Review/read X-ray, lab, and pathology reports			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
43	Other Clinical Activity - *specify: phone call / scripts*										
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	
47	**End: Patient leaves office**										

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
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4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
48	**POST-SERVICE Period**										
49	**Start: Patient leaves office/facility**										
50	Conduct phone calls/call in prescriptions			**0**	**3**	**0**	**3**	**3**	**3**	**3**	**3**
51	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
52	99211 16 minutes		16								
53	99212 27 minutes		27								
54	99213 36 minutes		36								
55	99214 53 minutes		53								
56	99215 63 minutes		63								
57	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
58	Other Clinical Activity - *specify:*										
59	**End: with last office visit before end of global period**										
60	**MEDICAL SUPPLIES***	**CODE**	**UNIT**								
61	pack, minimum multi-specialty visit	SA048	pack	**0**	**0**	**0**	**0**	**1**	**0**	**1**	**0**
62	pack, basic injection	SA041	pack	**0**	**0**	**0**	**0**	**1**	**0**	**1**	**0**
63	drape, sterile, for Mayo stand	SB012		**0**	**0**	**0**	**0**	**NEW**	**0**	**1**	**0**
64	gloves, non-sterile	SB022		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
65	gown, staff, impervious	SB027		**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**
66	mask, surgical	SB033		**2**	**0**	**2**	**0**	**0**	**0**	**0**	**0**
67	needle, 18-27g	SC029		**0**	**0**	**0**	**0**	**NEW**	**0**	**1**	**0**
68	syringe 5-6ml	SC057		**0**	**0**	**0**	**0**	**NEW**	**0**	**1**	**0**
69	canister, suction	SD009		**0**	**0**	**0**	**0**	**1**	**0**	**1**	**0**
70	suction tip, Yankauer	SD122		**0**	**0**	**0**	**0**	**1**	**0**	**1**	**0**
71	tubing, suction, non-latex (6 ft ouo)	SD132		**0**	**0**	**0**	**0**	**2**	**0**	**2**	**0**
72	gauze, sterile 4in x 4in (10 pack uou)	SG056		**1**	**0**	**1**	**0**	**0**	**0**	**1**	**0**
73	Lidocaine 4% soln, topical (xylocaine)	SH050		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
74	basin, emesis	SJ010		**0**	**0**	**0**	**0**	**1**	**0**	**1**	**0**
75	oxymetazoline nasal spray (Afrin) (15ml uou)	SJ037		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
76	swab-pad, alcohol	SJ053		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
77	paper, photo printing (8.5 x 11)	SK058		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
78	cup, biopsy specimen non-sterile 4oz	SL035		**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**
79	cup, biopsy-specimen sterile 4oz	SL036		**0**	**0**	**0**	**0**	**NEW**	**0**	**1**	**0**
80	cup, medicine (1oz size)	SL037		**0**	**0**	**0**	**0**	**NEW**	**0**	**1**	**0**
81	atomizer tip shield (RhinoGuard)	SM001		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
82	cleaning brush, endoscope	SM010		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
83	endoscope anti-fog solution	SM014		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
84	enzymatic detergent	SM015		**4**	**0**	**4**	**0**	**4**	**0**	**4**	**0**
85	Glutaraldehyde 3.4% (cidex, Maxicide, Wavicide)	SM018		**4**	**0**	**4**	**0**	**4**	**0**	**4**	**0**
86	glutaraldehyde test strips (Cidex, metrex)	SM019		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
87	**Voice Augmentation Gel**	**NEW**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
88	**Kenalog 40 inj**	**SH084**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
89	**Disposable biopsy forceps**	**NEW**		**0**	**0**	**0**	**0**	**NEW**	**0**	**1**	**0**
90	**Laser fiber**	**NEW**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
91	**EQUIPMENT**	**CODE**									
92	mayo stand	EF015		**0**	**0**	**0**	**0**	**77**	**0**	**94**	
93	light, fiberoptic headlight w-source	EQ170		**38**	**0**	**23**	**0**	**77**	**0**	**94**	**0**
94	suction and pressure cabinet ENT (SMR)	EQ234		**38**	**0**	**23**	**0**	**77**	**0**	**94**	**0**
95	~~video printer, color (Sony medical grade)~~	~~ED036~~		~~**38**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**77**~~	~~**0**~~	~~**0**~~	~~**0**~~
96	chair with headrest, exam, reclining	EF008		**38**	**0**	**23**	**0**	**77**	**0**	**94**	**0**
97	~~light source, xenon~~	~~EQ167~~		~~**38**~~	~~**0**~~	~~**20**~~	~~**0**~~	~~**77**~~	~~**0**~~	~~**28**~~	~~**0**~~
98	~~endoscopy, rigid, laryngoscopy~~	~~ES010~~		~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~
99	~~fiberscope, flexible, rhinolaryngoscopy~~	~~ES020~~		~~**38**~~	~~**0**~~	~~**47**~~	~~**0**~~	~~**77**~~	~~**0**~~	~~**0**~~	~~**0**~~
100	~~video add-on camera system w-monitor (endoscopy)~~	~~ES026~~		~~**38**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**77**~~	~~**0**~~	~~**0**~~	~~**0**~~
101	~~video system, stroboscopy (strobing platform, camera, digital recorder, monitor, printer, cart)~~	~~ES032~~		~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~
102	instrument pack, basic ($500-$1499)	EQ137		**0**	**0**	**0**	**0**	**NEW**	**0**	**35**	**0**
103	~~video system, endoscopy (processor, digital capture, monitor, printer, cart)~~	~~ES031~~		~~**NEW**~~	~~**0**~~	~~**20**~~	~~**0**~~	~~**NEW**~~	~~**0**~~	~~**28**~~	~~**0**~~
104	~~Channeled scope and processing unit~~	~~**NEW**~~				~~**0**~~	~~**0**~~	~~**NEW**~~	~~**0**~~	~~**55**~~	~~**0**~~
105	**endoscope disinfector, rigid or fiberoptic, w-cart**	**ES005**		**NEW**		**30**		**NEW**		**30**	
106	**Video-flexible laryngoscope system**	**NEW**		**NEW**		**44**					
107	**Video-flexible laryngoscope stroboscopy system**	**NEW**									
108	**Video-flexible channeled laryngoscope system**	**NEW**						**NEW**		**55**	

	A	B	C	L	M	N	O	P	Q	R	S
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code 31577**		**CPT Code 31577**		**CPT Code 31578**		**CPT Code 31578**	
3	**Meeting Date: October 2015 REVISED 10.2.15** **Tab: 8** **Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Laryngoscopy, flexible fiberoptic; with removal of foreign body		Laryngoscopy, flexible; with removal of foreign body(s) **Typically done with E/M**		Laryngoscopy, flexible fiberoptic; with removal of lesion		Laryngoscopy, flexible; with removal of lesion(s), non-laser	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**78.0**	**33.0**	**94.0**	**33.0**	**105.0**	**33.0**	**115.0**	**33.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**30.0**	**0.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**78.0**	**0.0**	**94.0**	**0.0**	**84.0**	**0.0**	**94.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**3.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms			**0**	**5**	**0**	**5**	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services			**0**	**10**	**0**	**10**	**3**	**10**	**3**	**10**
14	Schedule space and equipment in facility			**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**
15	Provide pre-service education/obtain consent			**0**	**7**	**0**	**7**	**7**	**7**	**7**	**7**
16	Follow-up phone calls & prescriptions			**0**	**3**	**0**	**3**	**3**	**3**	**3**	**3**
17	Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
18	**End: When patient enters office/facility for surgery/procedure**										
19	**SERVICE PERIOD**										
20	**Start: When patient enters office/facility for surgery/procedure:**										
21	*Complete pre-service diagnostic & referral forms*			**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
22	*Assemble/review x-ray, lab, path reports*			**0**	**0**	**0**	**0**	**2**	**0**	**0**	**0**
23	Greet patient, provide gowning, ensure appropriate medical records are available			**0**	**0**	**0**	**0**	**3**	**0**	**3**	**0**
24	Obtain vital signs			**0**	**0**	**3**	**0**	**5**	**0**	**3**	**0**
25	Provide pre-service education/obtain consent			**3**	**0**	**3**	**0**	**0**	**0**	**0**	**0**
26	Prepare room, equipment, supplies			**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
27	Setup scope (non facility setting only)			**6**	**0**	**5**	**0**	**8**	**0**	**5**	**0**
28	Prepare and position patient/ monitor patient/ set up IV			**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
29	Sedate/apply anesthesia			**2**	**0**	**0**	**0**	**2**	**0**	**0**	**0**
30	Other Clinical Activity - specify:										
31	**Intra-service**										
32	Assist physician in performing procedure			**37**	**0**	**15**	**0**	**39**	**0**	**15**	**0**
33	Assist physician/moderate sedation (% of physician time)			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
34	**Post-Service**										
35	Monitor pt. following moderate sedation			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
36	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)			**5**	**0**	**15**	**0**	**5**	**0**	**15**	**0**
37	Clean room/equipment by physician staff			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
38	Clean Scope			**7**	**0**	**30**	**0**	**7**	**0**	**30**	**0**
39	Clean Surgical Instrument Package			**0**	**0**	**10**	**0**	**0**	**0**	**10**	**0**
40	Complete diagnostic forms, lab & X-ray requisitions			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
41	Review/read X-ray, lab, and pathology reports			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
43	Other Clinical Activity - *specify: phone call / scripts*										
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	
47	**End: Patient leaves office**										

	A	B	C	L	M	N	O	P	Q	R	S
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code 31577**		**CPT Code 31577**		**CPT Code 31578**		**CPT Code 31578**	
3	**Meeting Date: October 2015 REVISED 10.2.15** **Tab: 8** **Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Laryngoscopy, flexible fiberoptic; with removal of foreign body		Laryngoscopy, flexible; with removal of foreign body(s) **Typically done with E/M**		Laryngoscopy, flexible fiberoptic; with removal of lesion		Laryngoscopy, flexible; with removal of lesion(s), non-laser	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
48	**POST-SERVICE Period**										
49	**Start: Patient leaves office/facility**										
50	Conduct phone calls/call in prescriptions			**0**	**3**	**0**	**3**	**3**	**3**	**3**	**3**
51	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
52	99211 16 minutes		16								
53	99212 27 minutes		27								
54	99213 36 minutes		36								
55	99214 53 minutes		53								
56	99215 63 minutes		63								
57	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
58	Other Clinical Activity - *specify:*										
59	**End: with last office visit before end of global period**										
60	**MEDICAL SUPPLIES***	**CODE**	**UNIT**								
61	pack, minimum multi-specialty visit	SA048	pack	**0**	**0**	**0**	**0**	**1**	**0**	**1**	**0**
62	pack, basic injection	SA041	pack	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
63	drape, sterile, for Mayo stand	SB012		**NEW**	**0**	**1**	**0**	**NEW**	**0**	**1**	**0**
64	gloves, non-sterile	SB022		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
65	gown, staff, impervious	SB027		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
66	mask, surgical	SB033		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
67	needle, 18-27g	SC029		**NEW**	**0**	**1**	**0**	**NEW**	**0**	**1**	**0**
68	syringe 5-6ml	SC057		**NEW**	**0**	**1**	**0**	**NEW**	**0**	**1**	**0**
69	canister, suction	SD009		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
70	suction tip, Yankauer	SD122		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
71	tubing, suction, non-latex (6 ft ouo)	SD132		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
72	gauze, sterile 4in x 4in (10 pack uou)	SG056		**0**	**0**	**1**	**0**	**0**	**0**	**1**	**0**
73	Lidocaine 4% soln, topical (xylocaine)	SH050		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
74	basin, emesis	SJ010		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
75	oxymetazoline nasal spray (Afrin) (15ml uou)	SJ037		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
76	swab-pad, alcohol	SJ053		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
77	paper, photo printing (8.5 x 11)	SK058		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
78	cup, biopsy specimen non-sterile 4oz	SL035		**1**	**0**	**0**	**0**	**1**	**0**	**0**	**0**
79	cup, biopsy-specimen sterile 4oz	SL036		**NEW**	**0**	**1**	**0**	**NEW**	**0**	**1**	**0**
80	cup, medicine (1oz size)	SL037		**NEW**	**0**	**1**	**0**	**NEW**	**0**	**1**	**0**
81	atomizer tip shield (RhinoGuard)	SM001		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
82	cleaning brush, endoscope	SM010		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
83	endoscope anti-fog solution	SM014		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
84	enzymatic detergent	SM015		**4**	**0**	**4**	**0**	**4**	**0**	**4**	**0**
85	Glutaraldehyde 3.4% (cidex, Maxicide, Wavicide)	SM018		**4**	**0**	**4**	**0**	**4**	**0**	**4**	**0**
86	glutaraldehyde test strips (Cidex, metrex)	SM019		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
87	**Voice Augmentation Gel**	**NEW**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
88	**Kenalog 40 inj**	**SH084**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
89	**Disposable biopsy forceps**	**NEW**		**NEW**	**0**	**1**	**0**	**NEW**	**0**	**1**	**0**
90	**Laser fiber**	**NEW**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
91	**EQUIPMENT**	**CODE**									
92	mayo stand	EF015		**78**	**0**	**99**	**0**	**84**	**0**	**99**	**0**
93	light, fiberoptic headlight w-source	EQ170		**78**	**0**	**99**	**0**	**84**	**0**	**99**	**0**
94	suction and pressure cabinet ENT (SMR)	EQ234		**78**	**0**	**99**	**0**	**84**	**0**	**99**	**0**
95	~~video printer, color (Sony medical grade)~~	~~ED036~~		~~**78**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**84**~~	~~**0**~~	~~**0**~~	~~**0**~~
96	chair with headrest, exam, reclining	EF008		**78**	**0**	**99**	**0**	**84**	**0**	**99**	**0**
97	~~light source, xenon~~	~~EQ167~~		~~**78**~~	~~**0**~~	~~**33**~~	~~**0**~~	~~**84**~~	~~**0**~~	~~**33**~~	~~**0**~~
98	~~endoscopy, rigid, laryngoscopy~~	~~ES010~~		~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~
99	~~fiberscope, flexible, rhinolaryngoscopy~~	~~ES020~~		~~**78**~~	~~**0**~~	~~**60**~~	~~**0**~~	~~**84**~~	~~**0**~~	~~**0**~~	~~**0**~~
100	~~video add-on camera system w-monitor (endoscopy)~~	~~ES026~~		~~**78**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**84**~~	~~**0**~~	~~**0**~~	~~**0**~~
101	~~video system, stroboscopy (strobing platform, camera, digital recorder, monitor, printer, cart)~~	~~ES032~~		~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~
102	instrument pack, basic ($500-$1499)	EQ137		**NEW**	**0**	**40**	**0**	**NEW**	**0**	**40**	**0**
103	~~video system, endoscopy (processor, digital capture, monitor, printer, cart)~~	~~ES031~~		~~**NEW**~~	~~**0**~~	~~**33**~~	~~**0**~~	~~**NEW**~~	~~**0**~~	~~**33**~~	~~**0**~~
104	~~Channeled scope and processing unit~~	~~**NEW**~~		~~**NEW**~~	~~**0**~~	~~**60**~~	~~**0**~~	~~**NEW**~~	~~**0**~~	~~**60**~~	~~**0**~~
105	**endoscope disinfector, rigid or fiberoptic, w-cart**	**ES005**		**NEW**		**30**		**NEW**		**30**	
106	**Video-flexible laryngoscope system**	**NEW**									
107	**Video-flexible laryngoscope stroboscopy system**	**NEW**									
108	**Video-flexible channeled laryngoscope system**	**NEW**		**NEW**		**54**		**NEW**		**54**	

	A	B	C	T	U	V	W	X	Y	Z	AA
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code 31578**		**CPT Code 3157X1**		**CPT Code 31578**		**CPT Code 3157X2**	
3	**Meeting Date: October 2015 REVISED 10.2.15** **Tab: 8** **Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Laryngoscopy, flexible fiberoptic; with removal of lesion		Laryngoscopy, flexible; with ablation or destruciton of lesion(s) with laser, unilateral		Laryngoscopy, flexible fiberoptic; with removal of lesion		Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**105.0**	**33.0**	**120.0**	**33.0**	**105.0**	**33.0**	**115.0**	**33.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**18.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**84.0**	**0.0**	**99.0**	**0.0**	**84.0**	**0.0**	**94.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms			**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services			**3**	**10**	**3**	**10**	**3**	**10**	**3**	**10**
14	Schedule space and equipment in facility			**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**
15	Provide pre-service education/obtain consent			**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**
16	Follow-up phone calls & prescriptions			**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
17	Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
18	**End: When patient enters office/facility for surgery/procedure**										
19	**SERVICE PERIOD**										
20	**Start: When patient enters office/facility for surgery/procedure:**										
21	*Complete pre-service diagnostic & referral forms*			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
22	*Assemble/review x-ray, lab, path reports*			**2**	**0**	**0**	**0**	**2**	**0**	**0**	**0**
23	Greet patient, provide gowning, ensure appropriate medical records are available			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
24	Obtain vital signs			**5**	**0**	**3**	**0**	**5**	**0**	**3**	**0**
25	Provide pre-service education/obtain consent			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
26	Prepare room, equipment, supplies			**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
27	Setup scope (non facility setting only)			**8**	**0**	**5**	**0**	**8**	**0**	**5**	**0**
28	Prepare and position patient/ monitor patient/ set up IV			**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
29	Sedate/apply anesthesia			**2**	**0**	**0**	**0**	**2**	**0**	**0**	**0**
30	Other Clinical Activity - specify:										
31	**Intra-service**										
32	Assist physician in performing procedure			**39**	**0**	**20**	**0**	**39**	**0**	**15**	**0**
33	Assist physician/moderate sedation (% of physician time)			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
34	**Post-Service**										
35	Monitor pt. following moderate sedation			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
36	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)			**5**	**0**	**15**	**0**	**5**	**0**	**15**	**0**
37	Clean room/equipment by physician staff			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
38	Clean Scope			**7**	**0**	**30**	**0**	**7**	**0**	**30**	**0**
39	Clean Surgical Instrument Package			**0**	**0**	**10**	**0**	**0**	**0**	**10**	**0**
40	Complete diagnostic forms, lab & X-ray requisitions			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
41	Review/read X-ray, lab, and pathology reports			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
43	Other Clinical Activity - *specify: phone call / scripts*										
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	
47	**End: Patient leaves office**										

	A	B	C	T	U	V	W	X	Y	Z	AA
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code 31578**		**CPT Code 3157X1**		**CPT Code 31578**		**CPT Code 3157X2**	
3	**Meeting Date: October 2015 REVISED 10.2.15** **Tab: 8** **Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Laryngoscopy, flexible fiberoptic; with removal of lesion		Laryngoscopy, flexible; with ablation or destruciton of lesion(s) with laser, unilateral		Laryngoscopy, flexible fiberoptic; with removal of lesion		Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
48	**POST-SERVICE Period**										
49	**Start: Patient leaves office/facility**										
50	Conduct phone calls/call in prescriptions			**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
51	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
52	99211 16 minutes		16								
53	99212 27 minutes		27								
54	99213 36 minutes		36								
55	99214 53 minutes		53								
56	99215 63 minutes		63								
57	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
58	Other Clinical Activity - *specify:*										
59	**End: with last office visit before end of global period**										
60	**MEDICAL SUPPLIES***	**CODE**	**UNIT**								
61	pack, minimum multi-specialty visit	SA048	pack	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
62	pack, basic injection	SA041	pack	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
63	drape, sterile, for Mayo stand	SB012		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
64	gloves, non-sterile	SB022		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
65	gown, staff, impervious	SB027		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
66	mask, surgical	SB033		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
67	needle, 18-27g	SC029		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
68	syringe 5-6ml	SC057		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
69	canister, suction	SD009		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
70	suction tip, Yankauer	SD122		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
71	tubing, suction, non-latex (6 ft ouo)	SD132		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
72	gauze, sterile 4in x 4in (10 pack uou)	SG056		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
73	Lidocaine 4% soln, topical (xylocaine)	SH050		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
74	basin, emesis	SJ010		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
75	oxymetazoline nasal spray (Afrin) (15ml uou)	SJ037		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
76	swab-pad, alcohol	SJ053		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
77	paper, photo printing (8.5 x 11)	SK058		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
78	cup, biopsy specimen non-sterile 4oz	SL035		**1**	**0**	**0**	**0**	**1**	**0**	**0**	**0**
79	cup, biopsy-specimen sterile 4oz	SL036		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
80	cup, medicine (1oz size)	SL037		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
81	atomizer tip shield (RhinoGuard)	SM001		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
82	cleaning brush, endoscope	SM010		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
83	endoscope anti-fog solution	SM014		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
84	enzymatic detergent	SM015		**4**	**0**	**4**	**0**	**4**	**0**	**4**	**0**
85	Glutaraldehyde 3.4% (cidex, Maxicide, Wavicide)	SM018		**4**	**0**	**4**	**0**	**4**	**0**	**4**	**0**
86	glutaraldehyde test strips (Cidex, metrex)	SM019		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
87	**Voice Augmentation Gel**	**NEW**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
88	**Kenalog 40 inj**	**SH084**		**0**	**0**	**0**	**0**	**NEW**	**0**	**1**	**0**
89	**Disposable biopsy forceps**	**NEW**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
90	**Laser fiber**	**NEW**		**NEW**	**0**	**1**	**0**	**0**	**0**	**0**	**0**
91	**EQUIPMENT**	**CODE**									
92	mayo stand	EF015		**84**	**0**	**104**	**0**	**84**	**0**	**99**	**0**
93	light, fiberoptic headlight w-source	EQ170		**84**	**0**	**104**	**0**	**84**	**0**	**99**	**0**
94	suction and pressure cabinet ENT (SMR)	EQ234		**84**	**0**	**104**	**0**	**84**	**0**	**99**	**0**
95	~~video printer, color (Sony medical grade)~~	~~ED036~~		~~**84**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**84**~~	~~**0**~~	~~**0**~~	~~**0**~~
96	chair with headrest, exam, reclining	EF008		**84**	**0**	**104**	**0**	**84**	**0**	**99**	**0**
97	~~light source, xenon~~	~~EQ167~~		~~**84**~~	~~**0**~~	~~**38**~~	~~**0**~~	~~**84**~~	~~**0**~~	~~**33**~~	~~**0**~~
98	~~endoscopy, rigid, laryngoscopy~~	~~ES010~~		~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**37**~~	~~**0**~~
99	~~fiberscope, flexible, rhinolaryngoscopy~~	~~ES020~~		~~**84**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**84**~~	~~**0**~~	~~**0**~~	~~**0**~~
100	~~video add-on camera system w-monitor (endoscopy)~~	~~ES026~~		~~**84**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**84**~~	~~**0**~~	~~**0**~~	~~**0**~~
101	~~video system, stroboscopy (strobing platform, camera, digital recorder, monitor, printer, cart)~~	~~ES032~~		~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~	~~**0**~~
102	instrument pack, basic ($500-$1499)	EQ137		**NEW**	**0**	**45**	**0**	**NEW**	**0**	**40**	**0**
103	~~video system, endoscopy (processor, digital capture, monitor, printer, cart)~~	~~ES031~~		~~**NEW**~~	~~**0**~~	~~**38**~~	~~**0**~~	~~**NEW**~~	~~**0**~~	~~**33**~~	~~**0**~~
104	~~Channeled scope and processing unit~~	~~**NEW**~~		~~**NEW**~~	~~**0**~~	~~**65**~~	~~**0**~~	~~**NEW**~~	~~**0**~~	~~**60**~~	~~**0**~~
105	**endoscope disinfector, rigid or fiberoptic, w-cart**	**ES005**		**NEW**		**30**		**NEW**		**30**	
106	**Video-flexible laryngoscope system**	**NEW**									
107	**Video-flexible laryngoscope stroboscopy system**	**NEW**									
108	**Video-flexible channeled laryngoscope system**	**NEW**		**NEW**		**59**		**NEW**		**54**	

	A	B	C	AB	AC	AD	AE	AF	AG	AH	AI
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code 31578**		**CPT Code 3157X3**		**CPT Code 31579**		**CPT Code 31579**	
3	**Meeting Date: October 2015 REVISED 10.2.15** **Tab: 8** **Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Laryngoscopy, flexible fiberoptic; with removal of lesion		Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral		Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy		Laryngoscopy, flexible or rigid telescopic, with stroboscopy **Typically done with E/M**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**105.0**	**33.0**	**115.0**	**33.0**	**78.0**	**33.0**	**61.0**	**33.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**18.0**	**30.0**	**18.0**	**30.0**	**18.0**	**30.0**	**0.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**84.0**	**0.0**	**94.0**	**0.0**	**57.0**	**0.0**	**61.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**3.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms			**5**	**5**	**5**	**5**	**5**	**5**	**0**	**5**
13	Coordinate pre-surgery services			**3**	**10**	**3**	**10**	**3**	**10**	**0**	**10**
14	Schedule space and equipment in facility			**0**	**5**	**0**	**5**	**0**	**5**	**0**	**5**
15	Provide pre-service education/obtain consent			**7**	**7**	**7**	**7**	**7**	**7**	**0**	**7**
16	Follow-up phone calls & prescriptions			**3**	**3**	**3**	**3**	**3**	**3**	**0**	**3**
17	Other Clinical Activity - *specify:*			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
18	**End: When patient enters office/facility for surgery/procedure**										
19	**SERVICE PERIOD**										
20	**Start: When patient enters office/facility for surgery/procedure:**										
21	*Complete pre-service diagnostic & referral forms*			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
22	*Assemble/review x-ray, lab, path reports*			**2**	**0**	**0**	**0**	**2**	**0**	**0**	**0**
23	Greet patient, provide gowning, ensure appropriate medical records are available			**3**	**0**	**3**	**0**	**3**	**0**	**0**	**0**
24	Obtain vital signs			**5**	**0**	**3**	**0**	**5**	**0**	**3**	**0**
25	Provide pre-service education/obtain consent			**0**	**0**	**0**	**0**	**0**	**0**	**3**	**0**
26	Prepare room, equipment, supplies			**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
27	Setup scope (non facility setting only)			**8**	**0**	**5**	**0**	**5**	**0**	**5**	**0**
28	Prepare and position patient/ monitor patient/ set up IV			**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
29	Sedate/apply anesthesia			**2**	**0**	**0**	**0**	**2**	**0**	**0**	**0**
30	Other Clinical Activity - specify:										
31	**Intra-service**										
32	Assist physician in performing procedure			**39**	**0**	**15**	**0**	**15**	**0**	**10**	**0**
33	Assist physician/moderate sedation (% of physician time)			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
34	**Post-Service**										
35	Monitor pt. following moderate sedation			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
36	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)			**5**	**0**	**15**	**0**	**5**	**0**	**0**	**0**
37	Clean room/equipment by physician staff			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
38	Clean Scope			**7**	**0**	**30**	**0**	**10**	**0**	**30**	**0**
39	Clean Surgical Instrument Package			**0**	**0**	**10**	**0**	**0**	**0**	**0**	**0**
40	Complete diagnostic forms, lab & X-ray requisitions			**3**	**0**	**3**	**0**	**0**	**0**	**0**	**0**
41	Review/read X-ray, lab, and pathology reports			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
43	Other Clinical Activity - *specify: phone call / scripts*										
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	
47	**End: Patient leaves office**										

	A	B	C	AB	AC	AD	AE	AF	AG	AH	AI
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code 31578**		**CPT Code 3157X3**		**CPT Code 31579**		**CPT Code 31579**	
3	**Meeting Date: October 2015 REVISED 10.2.15** **Tab: 8** **Specialty: AAO-HNS**	**CMS Code**	**Staff Type**	Laryngoscopy, flexible fiberoptic; with removal of lesion		Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral		Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy		Laryngoscopy, flexible or rigid telescopic, with stroboscopy **Typically done with E/M**	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
48	**POST-SERVICE Period**										
49	**Start: Patient leaves office/facility**										
50	Conduct phone calls/call in prescriptions			**3**	**3**	**3**	**3**	**3**	**3**	**0**	**3**
51	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
52	99211 16 minutes		16								
53	99212 27 minutes		27								
54	99213 36 minutes		36								
55	99214 53 minutes		53								
56	99215 63 minutes		63								
57	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
58	Other Clinical Activity - *specify:*										
59	**End: with last office visit before end of global period**										
60	**MEDICAL SUPPLIES***	**CODE**	**UNIT**								
61	pack, minimum multi-specialty visit	SA048	pack	**1**	**0**	**1**	**0**	**1**	**0**	**0**	**0**
62	pack, basic injection	SA041	pack	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**
63	drape, sterile, for Mayo stand	SB012		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
64	gloves, non-sterile	SB022		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
65	gown, staff, impervious	SB027		**0**	**0**	**0**	**0**	**1**	**0**	**1**	**0**
66	mask, surgical	SB033		**0**	**0**	**0**	**0**	**2**	**0**	**2**	**0**
67	needle, 18-27g	SC029		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
68	syringe 5-6ml	SC057		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
69	canister, suction	SD009		**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**
70	suction tip, Yankauer	SD122		**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**
71	tubing, suction, non-latex (6 ft ouo)	SD132		**2**	**0**	**2**	**0**	**0**	**0**	**0**	**0**
72	gauze, sterile 4in x 4in (10 pack uou)	SG056		**0**	**0**	**0**	**0**	**1**	**0**	**1**	**0**
73	Lidocaine 4% soln, topical (xylocaine)	SH050		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
74	basin, emesis	SJ010		**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**
75	oxymetazoline nasal spray (Afrin) (15ml uou)	SJ037		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
76	swab-pad, alcohol	SJ053		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
77	paper, photo printing (8.5 x 11)	SK058		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
78	cup, biopsy specimen non-sterile 4oz	SL035		**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
79	cup, biopsy-specimen sterile 4oz	SL036		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
80	cup, medicine (1oz size)	SL037		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
81	atomizer tip shield (RhinoGuard)	SM001		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
82	cleaning brush, endoscope	SM010		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
83	endoscope anti-fog solution	SM014		**2**	**0**	**2**	**0**	**2**	**0**	**2**	**0**
84	enzymatic detergent	SM015		**4**	**0**	**4**	**0**	**4**	**0**	**4**	**0**
85	Glutaraldehyde 3.4% (cidex, Maxicide, Wavicide)	SM018		**4**	**0**	**4**	**0**	**4**	**0**	**4**	**0**
86	glutaraldehyde test strips (Cidex, metrex)	SM019		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**
87	**Voice Augmentation Gel**	**NEW**		**NEW**	**0**	**1**	**0**	**0**	**0**	**0**	**0**
88	**Kenalog 40 inj**	**SH084**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
89	**Disposable biopsy forceps**	**NEW**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
90	**Laser fiber**	**NEW**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
91	**EQUIPMENT**	**CODE**									
92	mayo stand	EF015		**84**	**0**	**99**	**0**	**0**	**0**	**31**	**0**
93	light, fiberoptic headlight w-source	EQ170		**84**	**0**	**99**	**0**	**57**	**0**	**31**	**0**
94	suction and pressure cabinet ENT (SMR)	EQ234		**84**	**0**	**99**	**0**	**57**	**0**	**31**	**0**
95	~~video printer, color (Sony medical grade)~~	~~ED036~~		**~~84~~**	**~~0~~**	**~~0~~**	**~~0~~**	**~~57~~**	**~~0~~**	**~~0~~**	**~~0~~**
96	chair with headrest, exam, reclining	EF008		**84**	**0**	**99**	**0**	**57**	**0**	**31**	**0**
97	~~light source, xenon~~	~~EQ167~~		**~~84~~**	**~~0~~**	**~~33~~**	**~~0~~**	**~~57~~**	**~~0~~**	**~~28~~**	**~~0~~**
98	~~endoscopy, rigid, laryngoscopy~~	~~ES010~~		**~~0~~**	**~~0~~**	**~~0~~**	**~~0~~**	**~~23~~**	**~~0~~**	**~~0~~**	**~~0~~**
99	~~fiberscope, flexible, rhinolaryngoscopy~~	~~ES020~~		**~~84~~**	**~~0~~**	**~~0~~**	**~~0~~**	**~~0~~**	**~~0~~**	**~~55~~**	**~~0~~**
100	~~video add-on camera system w-monitor (endoscopy)~~	~~ES026~~		**~~84~~**	**~~0~~**	**~~0~~**	**~~0~~**	**~~57~~**	**~~0~~**	**~~0~~**	**~~0~~**
101	~~video system, stroboscopy (strobing platform, camera, digital recorder, monitor, printer, cart)~~	~~ES032~~		**~~0~~**	**~~0~~**	**~~0~~**	**~~0~~**	**~~57~~**	**~~0~~**	**~~22~~**	**~~0~~**
102	instrument pack, basic ($500-$1499)	EQ137		**NEW**	**0**	**40**	**0**	**0**	**0**	**0**	**0**
103	~~video system, endoscopy (processor, digital capture, monitor, printer, cart)~~	~~ES031~~		**~~NEW~~**	**~~0~~**	**~~33~~**	**~~0~~**	**~~0~~**	**~~0~~**	**~~0~~**	**~~0~~**
104	~~Channeled scope and processing unit~~	~~NEW~~		**~~NEW~~**	**~~0~~**	**~~60~~**	**~~0~~**				
105	**endoscope disinfector, rigid or fiberoptic, w-cart**	**ES005**		**NEW**		**30**		**NEW**		**30**	
106	**Video-flexible laryngoscope system**	**NEW**		**NEW**		**60**					
107	**Video-flexible laryngoscope stroboscopy system**	**NEW**						**NEW**		**49**	
108	**Video-flexible channeled laryngoscope system**	**NEW**									

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February 9, 2016

Sean Cavanaugh
Deputy Administrator & Director
Center for Medicare
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: HCPAC Recommendations

Dear Mr. Cavanaugh:

The RUC Health Care Professionals Advisory Committee (HCPAC) Review Board submits the enclosed recommendation to the Centers for Medicare and Medicaid Services (CMS). At the January 2016 meeting, the HCPAC reviewed two issues, Removal of Nail Plate (CPT code 11730) and Psychological and Neuropsychological Testing (CPT codes 96101-96103, 96116, 96118-96120, 96125). These recommendations relate to new and revised codes for *CPT 2017*.

The RUC and HCPAC are fully committed to this ongoing effort to improve relativity in the work, practice expense, and professional liability insurance values. The HCPAC appreciates the opportunity to provide recommendations related to the 2017 Medicare Physician Payment Schedule. If you have any questions regarding this submission, please contact Kristina Finney (ph: 312-464-5020; email: Kristina.finney@ama-aassn.org) at the AMA for clarification regarding these recommendations.

Sincerely,



Michael D. Bishop, MD
HCPAC Chair



Jane V. White, PhD, RD, FADA, LDN
HCPAC Co-Chair

cc: HCPAC Participants

Edith Hambrick, MD
Ryan Howe
Steve Phurrough, MD
Chava Sheffield
Michael Soracoe
Marge Watchorn

Attachments

CPT 2017 RUC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
767X1	XXX	N	May15	23	Abdominal Aorta Ultrasound Screening	F1	Oct15	12	ACR, SIR, SVS	0.55	0.55		☑		☐
4151F	XXX	R	Oct15	83	Antiviral Treatment for Hepatitis C Quality Measure - Revise		Cat II						☐	Category II	☐
96375	XXX	F	Oct15	62	Application of On-body Injector with Subcutaneous Injection		Jan16	23	ASH	0.10	0.10	Yes	☑	Survey for October 2016	☐
963XX	XXX	N	Oct15	62	Application of On-body Injector with Subcutaneous Injection	Y1	Jan16	23	ASH				☑	Contractor Priced, Survey for October 2016	☐
96374	XXX	F	Oct15	62	Application of On-body Injector with Subcutaneous Injection		Jan16	23	ASH	0.18	0.18	Yes	☑	Survey for October 2016	☐
96372	XXX	F	Oct15	62	Application of On-body Injector with Subcutaneous Injection		Jan16	23	ASH	0.17	0.17	Yes	☑	Survey for October 2016	☐
844XX	XXX	N	Oct15	49	Bioavailable Testosterone Test		CLFS						☐	Clinical Lab Payment Schedule	☐
22X83	ZZZ	N	Oct15	14	Biomechanical Device Insertion - Intervertebral, Interbody	J3	Jan16	06	AAOS, AANS, CNS, ISASS, NASS	6.00	6.00		☑		☐
22X82	ZZZ	N	Oct15	14	Biomechanical Device Insertion - Intervertebral, Interbody	J2	Jan16	06	AAOS, AANS, CNS, ISASS, NASS	6.00	5.50		☑		☐

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22X81	ZZZ	N	Oct15	14	Biomechanical Device Insertion - Intervertebral, Interbody	J1	Jan16	06	AAOS, AANS, CNS, ISASS, NASS	5.25	4.88		☑		☐
22851	XXX	D	Oct15	14	Biomechanical Device Insertion - Intervertebral, Interbody		Jan16	06	AAOS, AANS, CNS, ISASS, NASS				☑		☐
20240	000	R	Oct15	11	Bone Biopsy	H1	Jan16	04	AOFAS, APMA, ASSH	3.73	3.73		☑	Reaffirm RUC recommendation from Jan 2015 meeting	☐
20245	000	R	Oct15	11	Bone Biopsy	H2	Jan16	04	AAOS	6.50	6.50		☑		☐
282X1	090	N	Oct15	19	Bunionectomy	M2	Jan16	08	AAOS, AOFAS, APMA	8.01	8.01		☑		☐
28290	090	D	Oct15	19	Bunionectomy		Jan16	08	AAOS, AOFAS, APMA				☑		☐
28292	090	R	Oct15	19	Bunionectomy	M3	Jan16	08	AAOS, AOFAS, APMA	7.44	7.44		☑		☐
28293	090	D	Oct15	19	Bunionectomy		Jan16	08	AAOS, AOFAS, APMA				☑		☐
28294	090	D	Oct15	19	Bunionectomy		Jan16	08	AAOS, AOFAS, APMA				☑		☐
28296	090	R	Oct15	19	Bunionectomy	M4	Jan16	08	AAOS, AOFAS, APMA	8.25	8.25		☑		☐
28289	090	R	Oct15	19	Bunionectomy	M1	Jan16	08	AAOS, AOFAS, APMA	6.90	6.90		☑		☐
28299	090	R	Oct15	19	Bunionectomy	M8	Jan16	08	AAOS, AOFAS, APMA	9.29	9.29		☑		☐
282X2	090	N	Oct15	19	Bunionectomy	M5	Jan16	08	AAOS, AOFAS, APMA	8.57	8.57		☑		☐

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28297	090	R	Oct15	19	Bunionectomy	M6	Jan16	08	AAOS, AOFAS, APMA	9.29	9.29		☑		☐
28298	090	R	Oct15	19	Bunionectomy	M7	Jan16	08	AAOS, AOFAS, APMA	7.75	7.75		☑		☐
0X38T	YYY	N	May15	37	Cardiac Contractility Modulation System Procedures		Cat III						☐	Category III	☐
0X48T	YYY	N	May15	37	Cardiac Contractility Modulation System Procedures		Cat III						☐	Category III	☐
0X45T	YYY	N	May15	37	Cardiac Contractility Modulation System Procedures		Cat III						☐	Category III	☐
0X44T	YYY	N	May15	37	Cardiac Contractility Modulation System Procedures		Cat III						☐	Category III	☐
0X43T	YYY	N	May15	37	Cardiac Contractility Modulation System Procedures		Cat III						☐	Category III	☐
0X42T	YYY	N	May15	37	Cardiac Contractility Modulation System Procedures		Cat III						☐	Category III	☐
0X41T	YYY	N	May15	37	Cardiac Contractility Modulation System Procedures		Cat III						☐	Category III	☐
0X40T	YYY	N	May15	37	Cardiac Contractility Modulation System Procedures		Cat III						☐	Category III	☐
0X39T	YYY	N	May15	37	Cardiac Contractility Modulation System Procedures		Cat III						☐	Category III	☐
1X11T	XXX	N	Feb16	47	Cat III Aortic Counterpulsation		Cat III						☐	Category III	☐
1X12T	XXX	N	Feb16	47	Cat III Aortic Counterpulsation		Cat III						☐	Category III	☐
1X14T	XXX	N	Feb16	47	Cat III Aortic Counterpulsation		Cat III						☐	Category III	☐
1X16T	XXX	N	Feb16	47	Cat III Aortic Counterpulsation		Cat III						☐	Category III	☐

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1X17T	XXX	N	Feb16	47	Cat III Aortic Counterpulsation		Cat III						☐	Category III	☐
1X18T	XXX	N	Feb16	47	Cat III Aortic Counterpulsation		Cat III						☐	Category III	☐
1X22T	XXX	N	Feb16	47	Cat III Aortic Counterpulsation		Cat III						☐	Category III	☐
1X21T	XXX	N	Feb16	47	Cat III Aortic Counterpulsation		Cat III						☐	Category III	☐
1X20T	XXX	N	Feb16	47	Cat III Aortic Counterpulsation		Cat III						☐	Category III	☐
1X13T	XXX	N	Feb16	47	Cat III Aortic Counterpulsation		Cat III						☐	Category III	☐
1X24T	XXX	N	Feb16	47	Cat III Aortic Counterpulsation		Cat III						☐	Category III	☐
1X15T	XXX	N	Feb16	47	Cat III Aortic Counterpulsation		Cat III						☐	Category III	☐
1X23T	XXX	N	Feb16	47	Cat III Aortic Counterpulsation		Cat III						☐	Category III	☐
0X46T	XXX	N	Feb16	46	Cat III Insertion of Aqueous Drainage Device		Cat III						☐	Category III	☐
0X47T	XXX	N	Feb16	46	Cat III Insertion of Aqueous Drainage Device		Cat III						☐		☐
04X3T	XXX	N	Feb16	44	Cat III Subcutaneous Glucose Sensor		Cat III						☐	Category III	☐
04X2T	XXX	N	Feb16	44	Cat III Subcutaneous Glucose Sensor		Cat III						☐	Category III	☐
04X1T	XXX	N	Feb16	44	Cat III Subcutaneous Glucose Sensor		Cat III						☐	Category III	☐
0294T	XXX	D	Feb16	43	Category III Sundown		Cat III						☐	Category III	☐
0284T	XXX	D	May15	42	Category III Sundown		Cat III						☐	Category III	☐
0285T	XXX	D	May15	42	Category III Sundown		Cat III						☐	Category III	☐

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0286T	XXX	D	May15	42	Category III Sundown		Cat III						☐	Category III	☐
0287T	XXX	D	May15	42	Category III Sundown		Cat III						☐	Category III	☐
0288T	XXX	D	May15	42	Category III Sundown		Cat III						☐	Category III	☐
0289T	XXX	D	May15	42	Category III Sundown		Cat III						☐	Category III	☐
0179T	XXX	D	Feb16	43	Category III Sundown		Cat III						☐	Category III	☐
0283T	XXX	D	May15	42	Category III Sundown		Cat III						☐	Category III	☐
0293T	XXX	D	Feb16	43	Category III Sundown		Cat III						☐	Category III	☐
0019T	XXX	D	May15	42	Category III Sundown		Cat III						☐	Category III	☐
0299T	XXX	D	Feb16	43	Category III Sundown		Cat III						☐	Category III	☐
0300T	XXX	D	Feb16	43	Category III Sundown		Cat III						☐	Category III	☐
0301T	XXX	D	Feb16	43	Category III Sundown		Cat III						☐	Category III	☐
0302T	XXX	D	Feb16	43	Category III Sundown		Cat III						☐	Category III	☐
0303T	XXX	D	Feb16	43	Category III Sundown		Cat III						☐	Category III	☐
0180T	XXX	D	Feb16	43	Category III Sundown		Cat III						☐	Category III	☐
0306T	XXX	D	Feb16	43	Category III Sundown		Cat III						☐	Category III	☐
0169T	XXX	D	May15	42	Category III Sundown		Cat III						☐	Category III	☐
0305T	XXX	D	Feb16	43	Category III Sundown		Cat III						☐	Category III	☐
0282T	XXX	D	May15	42	Category III Sundown		Cat III						☐	Category III	☐
0307T	XXX	D	Feb16	43	Category III Sundown		Cat III						☐	Category III	☐

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0309T	XXX	D	Feb16	43	Category III Sundown		Cat III						☐	Category III	☐
0304T	XXX	D	Feb16	43	Category III Sundown		Cat III						☐	Category III	☐
0310T	XXX	D	Feb16	43	Category III Sundown		Cat III						☐	Category III	☐
27193	ZZZ	D	Oct15	18	Closed Treatment of Pelvic Ring Fracture		Jan16	07	AAOS				☑		☐
271X1	090	N	Oct15	18	Closed Treatment of Pelvic Ring Fracture	L1	Jan16	07	AAOS	5.50	5.50		☑		☐
271X2	090	N	Oct15	18	Closed Treatment of Pelvic Ring Fracture	L2	Jan16	07	AAOS	9.00	9.00		☑		☐
27194	090	D	Oct15	18	Closed Treatment of Pelvic Ring Fracture		Jan16	07	AAOS				☑		☐
333X3	000	N	Oct15	21	Closure Left Atrial Appendage with Endocardial Implant	N1	Jan16	10	ACC, HRS, SCAI	15.00	14.00		☑		☑
0281T	XXX	D	Oct15	21	Closure Left Atrial Appendage with Endocardial Implant		Cat III						☐	Category III	☐
935X2	000	N	Oct15	58	Closure of Paravalvular Leak	X2	Jan16	22	ACC, SCAI	17.97	17.97		☑		☑
935X3	ZZZ	N	Oct15	58	Closure of Paravalvular Leak	X3	Jan16	22	ACC, SCAI	8.00	8.00		☑		☑
935X1	000	N	Oct15	58	Closure of Paravalvular Leak	X1	Jan16	22	ACC, SCAI	20.04	21.70		☑		☑
36870	000	D	Oct15	27	Dialysis Circuit		Jan16	14	ACR, RPA, SIR, SVS				☑		☐
75791	XXX	D	Oct15	27	Dialysis Circuit		Jan16	14	ACR, RPA, SIR, SVS				☑		☐
36148	000	D	Oct15	27	Dialysis Circuit		Jan16	14	ACR, RPA, SIR, SVS				☑		☐
369X1	000	N	Oct15	27	Dialysis Circuit	R1	Jan16	14	ACR, RPA, SIR, SVS	3.72	3.36		☑		☐
369X2	000	N	Oct15	27	Dialysis Circuit	R2	Jan16	14	ACR, RPA, SIR, SVS	6.00	4.83		☑		☐
369X3	000	N	Oct15	27	Dialysis Circuit	R3	Jan16	14	ACR, RPA, SIR, SVS	8.00	6.39		☑		☐
369X5	000	N	Oct15	27	Dialysis Circuit	R5	Jan16	14	ACR, RPA, SIR, SVS	9.00	9.00		☑		☐

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369X6	000	N	Oct15	27	Dialysis Circuit	R6	Jan16	14	ACR, RPA, SIR, SVS	10.42	10.42		☑		☐
369X7	ZZZ	N	Oct15	27	Dialysis Circuit	R7	Jan16	14	ACR, RPA, SIR, SVS	3.73	3.00		☑		☐
369X8	ZZZ	N	Oct15	27	Dialysis Circuit	R8	Jan16	14	ACR, RPA, SIR, SVS	4.25	4.25		☑		☐
369X4	000	N	Oct15	27	Dialysis Circuit	R4	Jan16	14	ACR, RPA, SIR, SVS	7.50	7.50		☑		☐
369X9	ZZZ	N	Oct15	27	Dialysis Circuit	R9	Jan16	14	ACR, RPA, SIR, SVS	4.25	4.12		☑		☐
36147	000	D	Oct15	27	Dialysis Circuit		Jan16	14	ACR, RPA, SIR, SVS				☑		☐
803X3	XXX	N	Feb16	22	Drug Testing		CLFS						☐	Clinical Lab Payment Schedule	☐
80303	XXX	D	Feb16	22	Drug Testing		CLFS						☐	Clinical Lab Payment Schedule	☐
80304	XXX	D	Feb16	22	Drug Testing		CLFS						☐	Clinical Lab Payment Schedule	☐
803X2	XXX	N	Feb16	22	Drug Testing		CLFS						☐	Clinical Lab Payment Schedule	☐
803X1	XXX	N	Feb16	22	Drug Testing		CLFS						☐	Clinical Lab Payment Schedule	☐
80300	XXX	D	Feb16	22	Drug Testing		CLFS						☐	Clinical Lab Payment Schedule	☐
80302	XXX	D	Feb16	22	Drug Testing		CLFS						☐	Clinical Lab Payment Schedule	☐
80301	XXX	D	Feb16	22	Drug Testing		CLFS						☐	Clinical Lab Payment Schedule	☐
041T3	YYY	N	Oct15	79	Drug-Eluting Ocular Insert Placement		Cat III						☐	Category III	☐
041T4	YYY	N	Oct15	79	Drug-Eluting Ocular Insert Placement		Cat III						☐	Category III	☐

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62287	090	R	Oct15	17	Endoscopic Decompression of Spinal Cord Nerve		Jan16	19	AANS, CNS, ISASS, NASS	9.03	9.03	Yes	☑		☐
0275T	YYY	R	Oct15	17	Endoscopic Decompression of Spinal Cord Nerve		Cat III						☐	Category III	☐
0274T	YYY	R	Oct15	17	Endoscopic Decompression of Spinal Cord Nerve		Cat III						☐	Category III	☐
630X1	090	N	Oct15	17	Endoscopic Decompression of Spinal Cord Nerve	K1	Jan16	19	AANS, CNS, ISASS, NASS	10.47	10.47		☑		☑
62X12	000	N	May15	15	Epidural Injections	D8	Oct15	10	AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, CNS, ISIS, NASS	1.90	1.90		☑		☐
62X11	000	N	May15	15	Epidural Injections	D7	Oct15	10	AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, CNS, ISIS, NASS	1.78	1.78		☑		☐
623X9	000	N	May15	15	Epidural Injections	D5	Oct15	10	AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, CNS, ISIS, NASS	1.89	1.89		☑		☐
623X7	000	N	May15	15	Epidural Injections	D3	Oct15	10	AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, CNS, ISIS, NASS	1.55	1.55		☑		☐

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623X8	000	N	May15	15	Epidural Injections	D4	Oct15	10	AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS	1.80	1.80		☑		☐
623X6	000	N	May15	15	Epidural Injections	D2	Oct15	10	AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, CNS, ISIS, NASS	1.95	1.95		☑		☐
62X10	000	N	May15	15	Epidural Injections	D6	Oct15	10	AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, CNS, ISIS, NASS	2.20	2.20		☑		☐
62319	000	D	May15	15	Epidural Injections		Oct15	10					☑		☐
623X5	000	N	May15	15	Epidural Injections	D1	Oct15	10	AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, CNS, ISIS, NASS	1.80	1.80		☑		☐
62311	000	D	May15	15	Epidural Injections		Oct15	10					☑		☐
62318	000	D	May15	15	Epidural Injections		Oct15	10					☑		☐
62310	000	D	May15	15	Epidural Injections		Oct15	10					☑		☐
0393T	YYY	D	Oct15	29	Esophageal Sphincter Augmentation		Cat III						☐	Category III	☐

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0392T	YYY	D	Oct15	29	Esophageal Sphincter Augmentation		Cat III						☐	Category III	☐
432X2	090	N	Oct15	29	Esophageal Sphincter Augmentation	T2	Jan16	17	ASGS, SAGES, STS	10.47	10.47		☑		☑
432X1	090	N	Oct15	29	Esophageal Sphincter Augmentation	T1	Jan16	17	ASGS, SAGES, STS	10.13	10.13		☑		☑
04TX6	XXX	N	May15	10	Extensive Destruction and Excision of Neurofibromata		Cat III						☐	Category III	☐
04X7T	XXX	N	May15	10	Extensive Destruction and Excision of Neurofibromata		Cat III						☐	Category III	☐
317X2	000	N	May15	09	Flexible Laryngoscopy	B8	Oct15	08	AAO-HNS	2.49	2.49		☑		☐
31578	000	R	May15	09	Flexible Laryngoscopy	B6	Oct15	08	AAO-HNS	2.49	2.49		☑		☐
31577	000	R	May15	09	Flexible Laryngoscopy	B5	Oct15	08	AAO-HNS	2.25	2.25		☑		☐
31579	000	R	May15	09	Flexible Laryngoscopy	B10	Oct15	08	AAO-HNS	1.94	1.94		☑		☐
31576	000	R	May15	09	Flexible Laryngoscopy	B4	Oct15	08	AAO-HNS	1.95	1.95		☑		☐
92612	XXX	R	May15	09	Flexible Laryngoscopy		Oct15	08		1.27	1.27	Yes	☑		☐
317X1	000	N	May15	09	Flexible Laryngoscopy	B7	Oct15	08	AAO-HNS	3.07	3.07		☑		☐
92613	XXX	R	May15	09	Flexible Laryngoscopy		Oct15	08		0.71	0.71	Yes	☑		☐
92614	XXX	R	May15	09	Flexible Laryngoscopy		Oct15	08		1.27	1.27	Yes	☑		☐
92615	XXX	R	May15	09	Flexible Laryngoscopy		Oct15	08		0.63	0.63	Yes	☑		☐
92616	XXX	R	May15	09	Flexible Laryngoscopy		Oct15	08		1.88	1.88	Yes	☑		☐
317X3	000	N	May15	09	Flexible Laryngoscopy	B9	Oct15	08	AAO-HNS	2.49	2.49		☑		☐

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92617	XXX	R	May15	09	Flexible Laryngoscopy		Oct15	08		0.79	0.79	Yes	☑		☐
31575	000	R	May15	09	Flexible Laryngoscopy	B3	Oct15	08	AAO-HNS	1.00	1.00		☑		☐
77003	ZZZ	F	May15	15	Fluoroscopic Guidance	D11	Oct15	13	AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS	0.60	0.60		☑		☐
77002	ZZZ	F	May15	15	Fluoroscopic Guidance	D10	Oct15	13	AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, CNS, ISIS, NASS	0.54	0.54		☑		☐
77001	ZZZ	F	May15	15	Fluoroscopic Guidance	D9	Oct15	13	AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, CNS, ISIS, NASS	0.38	0.38		☑		☐
814X6	XXX	N	Oct15	44	GSP for Cardiac Ion Channelopathies		CLFS						☐	Clinical Lab Payment Schedule	☐
814X5	XXX	N	Oct15	44	GSP for Cardiac Ion Channelopathies		CLFS						☐	Clinical Lab Payment Schedule	☐
81403	XXX	R	Oct15	44	GSP for Cardiac Ion Channelopathies		CLFS						☐	Clinical Lab Payment Schedule	☐
81281	XXX	D	Oct15	44	GSP for Cardiac Ion Channelopathies		CLFS						☐	Clinical Lab Payment Schedule	☐
81280	XXX	D	Oct15	44	GSP for Cardiac Ion Channelopathies		CLFS						☐	Clinical Lab Payment Schedule	☐

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81282	XXX	D	Oct15	44	GSP for Cardiac Ion Channelopathies		CLFS						☐	Clinical Lab Payment Schedule	☐
814X2	XXX	N	Oct15	43	GSP for Cardiomyopathy		CLFS						☐	Clinical Lab Payment Schedule	☐
814X3	XXX	N	Feb16	26	GSP-Fetal Microdeletion Analysis for DiGeorge Syndrome		CLFS						☐	Clinical Lab Payment Schedule	☐
83015	XXX	R	Oct15	47	Heavy Metal Test		CLFS						☐	Clinical Lab Payment Schedule	☐
83018	XXX	R	Oct15	47	Heavy Metal Test		CLFS						☐	Clinical Lab Payment Schedule	☐
878XX	XXX	N	Feb16	36	Infectious Agent Detection		CLFS						☐	Clinical Lab Payment Schedule	☐
90685	XXX	R	Oct15	51	Influenza Virus Vaccine Dosage Revision		Vaccine						☐		☐
90686	XXX	R	Oct15	51	Influenza Virus Vaccine Dosage Revision		Vaccine						☐		☐
90687	XXX	R	Oct15	51	Influenza Virus Vaccine Dosage Revision		Vaccine						☐		☐
90688	XXX	R	Oct15	51	Influenza Virus Vaccine Dosage Revision		Vaccine						☐		☐
90656	XXX	R	Oct15	51	Influenza Virus Vaccine Dosage Revision		Vaccine						☐		☐
90655	XXX	R	Oct15	51	Influenza Virus Vaccine Dosage Revision		Vaccine						☐		☐
90658	XXX	R	Oct15	51	Influenza Virus Vaccine Dosage Revision		Vaccine						☐		☐
90657	XXX	R	Oct15	51	Influenza Virus Vaccine Dosage Revision		Vaccine						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
043XXT4	YYY	N	May15	09	Insertion of Interlaminar-Interspinous Process Stability-Distraction Device		Cat III						☐	Category III	☐
008XXT3	XXX	N	May15	09	Insertion of Interlaminar-Interspinous Process Stability-Distraction Device		Cat III						☐	Category III	☐
0171T	XXX	D	Oct15	15	Insertion of Spinal Stability Distractive Device		Cat III						☐	Category III	☐
0172T	XXX	D	Oct15	15	Insertion of Spinal Stability Distractive Device		Cat III						☐	Category III	☐
228X1	090	N	Oct15	15	Insertion of Spinal Stability Distractive Device	A2	Jan16	05	AAOS, AANS, CNS, ISASS, NASS	16.47	15.00		☑		☑
228X2	ZZZ	N	Oct15	15	Insertion of Spinal Stability Distractive Device	A3	Jan16	05	AAOS, AANS, CNS, ISASS, NASS	4.00	4.00		☑		☑
228X4	090	N	Oct15	15	Insertion of Spinal Stability Distractive Device	A4	Jan16	05	AAOS, AANS, CNS, ISASS, NASS	7.39	7.39		☑		☑
228X5	ZZZ	N	Oct15	15	Insertion of Spinal Stability Distractive Device	A5	Jan16	05	AAOS, AANS, CNS, ISASS, NASS	2.34	2.34		☑		☑
0308T	XXX	R	May15	35	Intraocular lens Prosthesis		Cat III						☐	Category III	☐
0336T	YYY	D	Oct15	33	Laparoscopic Radiofrequency Ablation of Uterine Fibroids		Cat III						☐	Category III	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
585X1	090	N	Oct15	33	Laparoscopic Radiofrequency Ablation of Uterine Fibroids	U1	Jan16	18	ACOG	14.08	14.08		☑		☑
97602	XXX	R	Oct15	67	Larval Therapy		Editorial			0.32	0.32		☑		☐
315X1	090	N	Oct15	13	Laryngoplasty	I2	Jan16	09	AAOHNS	23.22	21.50		☑		☐
315X5	090	N	Oct15	13	Laryngoplasty	I8	Jan16	09	AAOHNS	17.20	15.60		☑		☐
31588	090	D	Oct15	13	Laryngoplasty		Jan16	09	AAOHNS				☑		☐
31587	090	R	Oct15	13	Laryngoplasty	I7	Jan16	09	AAOHNS	15.27	15.27	Yes	☑		☐
31584	090	R	Oct15	13	Laryngoplasty	I6	Jan16	09	AAOHNS	22.00	20.00		☑		☐
315X4	090	N	Oct15	13	Laryngoplasty	I5	Jan16	09	AAOHNS	22.00	22.00		☑		☐
315X2	090	N	Oct15	13	Laryngoplasty	I3	Jan16	09	AAOHNS	20.50	20.50		☑		☐
315X6	090	N	Oct15	13	Laryngoplasty	I9	Jan16	09	AAOHNS	30.00	25.00		☑		☐
31582	090	D	Oct15	13	Laryngoplasty		Jan16	09	AAOHNS				☑		☐
31580	090	R	Oct15	13	Laryngoplasty	I1	Jan16	09	AAOHNS	14.60	14.60		☑		☐
21495	090	D	Oct15	13	Laryngoplasty		Jan16	09	AAOHNS				☑		☐
315X3	090	N	Oct15	13	Laryngoplasty	I4	Jan16	09	AAOHNS	25.00	22.00		☑		☐
55450	010	D	Feb16	17	Ligation of Vas Deferens		Deleted						☑		☐
83704	XXX	R	Oct15	48	Lipoprotein Particle and Subclass Quantitation		CLFS						☐	Clinical Lab Payment Schedule	☐
814X1	XXX	N	Oct15	42	MAAA for High Grade Prostate Cancer		CLFS						☐	Clinical Lab Payment Schedule	☐
81503	XXX	R	Feb16	28	MAAA-Ovarian Oncology Exclusionary Note Revision		CLFS						☐	Clinical Lab Payment Schedule	☐
77052	XXX	D	Oct15	38	Mammography-Computer Aided Detection Bundling		Jan16	20	ACR				☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
77056	XXX	D	Oct15	38	Mammography-Computer Aided Detection Bundling		Jan16	20	ACR				☑		☐
77055	XXX	D	Oct15	38	Mammography-Computer Aided Detection Bundling		Jan16	20	ACR				☑		☐
770X3	XXX	N	Oct15	38	Mammography-Computer Aided Detection Bundling	V3	Jan16	20	ACR	0.76	0.76		☑		☐
770X2	XXX	N	Oct15	38	Mammography-Computer Aided Detection Bundling	V2	Jan16	20	ACR	1.00	1.00		☑		☐
770X1	XXX	N	Oct15	38	Mammography-Computer Aided Detection Bundling	V1	Jan16	20	ACR	0.84	0.81		☑		☐
77057	XXX	D	Oct15	38	Mammography-Computer Aided Detection Bundling		Jan16	20	ACR				☑		☐
77051	XXX	D	Oct15	38	Mammography-Computer Aided Detection Bundling		Jan16	20	ACR				☑		☐
36475	000	F	Oct15	25	Mechanochemical (MOCA) Vein Ablation	Q3	Jan16	13	ACPh, SIR, SVS	5.30	5.30	Yes	☑	Reaffirm RUC recommendation from April 2014 meeting	☐
36X41	000	N	Oct15	25	Mechanochemical (MOCA) Vein Ablation	Q1	Jan16	13	ACPh, SIR, SVS	3.50	3.50		☑		☑
364X2	ZZZ	N	Oct15	25	Mechanochemical (MOCA) Vein Ablation	Q2	Jan16	13	ACPh, SIR, SVS	2.25	2.25		☑		☑
36479	ZZZ	R	Oct15	25	Mechanochemical (MOCA) Vein Ablation	Q6	Jan16	13	ACPh, SIR, SVS	3.00	2.65	Yes	☑	Reaffirm RUC recommendation from April 2014 meeting	☐
36478	000	F	Oct15	25	Mechanochemical (MOCA) Vein Ablation	Q5	Jan16	13	ACPh, SIR, SVS	5.30	5.30	Yes	☑	Reaffirm RUC recommendation from April 2014 meeting	☐
36476	ZZZ	R	Oct15	25	Mechanochemical (MOCA) Vein Ablation	Q4	Jan16	13	ACPh, SIR, SVS	3.00	2.65	Yes	☑	Reaffirm RUC recommendation from April 2014 meeting	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99149	XXX	D	Feb15	90	Moderate Sedation Services		Oct15	14					☑		☐
99144	XXX	D	Feb15	90	Moderate Sedation Services		Oct15	14					☑		☐
99143	XXX	D	Feb15	90	Moderate Sedation Services		Oct15	14					☑		☐
99150	ZZZ	D	Feb15	90	Moderate Sedation Services		Oct15	14					☑		☐
99148	XXX	D	Feb15	90	Moderate Sedation Services		Oct15	14					☑		☐
991X1	XXX	N	Feb15	90	Moderate Sedation Services	II1	Oct15	14	AAP, CHEST, ATS, ACR, SIR, ACC, SCAI, HRS, ASE	0.50	0.50		☑		☐
991X2	XXX	N	Feb15	90	Moderate Sedation Services	II2	Oct15	14	AAP, ACC, ACR, ASA, ATS, CHEST, SCAI, HRS, ASE, ACG, AGA, ASGE (ACG, AGA and ASGE presented alternate RVU and physician time recommendations which were not adopted by the RUC)	0.25	0.25		☑		☐
99145	ZZZ	D	Feb15	90	Moderate Sedation Services		Oct15	14					☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
991X5	ZZZ	N	Feb15	90	Moderate Sedation Services	II3	Oct15	14	AAP, CHEST, ATS, ACR, SIR, ACC, SCAI, HRS, ASE				☑	PE Inputs Recommendations Only	☐
991X3	XXX	N	Feb15	90	Moderate Sedation Services	II4	Oct15	14	ACEP and AAP	1.90	1.90		☑		☐
991X4	XXX	N	Feb15	90	Moderate Sedation Services	II5	Oct15	14	ACEP and AAP	1.84	1.84		☑		☐
991X6	ZZZ	N	Feb15	90	Moderate Sedation Services	II6	Oct15	14	ACEP and AAP	1.25	1.25		☑		☐
038XT	YYY	N	Oct15	74	Myocardial Contrast Perfusion Echocardiography		Cat III						☐	Category III	☐
044XT	YYY	N	Oct15	10	Non-Biologic or Synthetic Implant for Fascial Reinforcement		Cat III						☐	Category III	☐
37202	000	D	May15	14	Non-Thrombolysis Transcatheter Infusion		Deleted						☑		☐
75896	XXX	D	May15	14	Non-Thrombolysis Transcatheter Infusion		Deleted						☑		☐
35472	000	D	Oct15	24	Open and Percutaneous Transluminal Angioplasty		Jan16	15	ACR, SIR, SVS				☑		☐
35458	000	D	Oct15	24	Open and Percutaneous Transluminal Angioplasty		Jan16	15	ACR, SIR, SVS				☑		☐
35452	000	D	Oct15	24	Open and Percutaneous Transluminal Angioplasty		Jan16	15	ACR, SIR, SVS				☑		☐
35450	000	D	Oct15	24	Open and Percutaneous Transluminal Angioplasty		Jan16	15	ACR, SIR, SVS				☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
35471	000	D	Oct15	24	Open and Percutaneous Transluminal Angioplasty		Jan16	15	ACR, SIR, SVS				☑		☐
75978	XXX	D	Oct15	24	Open and Percutaneous Transluminal Angioplasty		Jan16	15	ACR, SIR, SVS				☑		☐
372X4	ZZZ	N	Oct15	24	Open and Percutaneous Transluminal Angioplasty	P4	Jan16	15	ACR, SIR, SVS	2.97	2.97		☑		☐
372X2	ZZZ	N	Oct15	24	Open and Percutaneous Transluminal Angioplasty	P2	Jan16	15	ACR, SIR, SVS	3.50	3.50		☑		☐
372X1	000	N	Oct15	24	Open and Percutaneous Transluminal Angioplasty	P1	Jan16	15	ACR, SIR, SVS	7.00	7.00		☑		☐
35476	000	D	Oct15	24	Open and Percutaneous Transluminal Angioplasty		Jan16	15	ACR, SIR, SVS				☑		☐
35475	000	D	Oct15	24	Open and Percutaneous Transluminal Angioplasty		Jan16	15	ACR, SIR, SVS				☑		☐
75966	XXX	D	Oct15	24	Open and Percutaneous Transluminal Angioplasty		Jan16	15	ACR, SIR, SVS				☑		☐
35460	000	D	Oct15	24	Open and Percutaneous Transluminal Angioplasty		Jan16	15	ACR, SIR, SVS				☑		☐
372X3	000	N	Oct15	24	Open and Percutaneous Transluminal Angioplasty	P3	Jan16	15	ACR, SIR, SVS	6.00	6.00		☑		☐
75968	XXX	D	Oct15	24	Open and Percutaneous Transluminal Angioplasty		Jan16	15	ACR, SIR, SVS				☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
75962	XXX	D	Oct15	24	Open and Percutaneous Transluminal Angioplasty		Jan16	15	ACR, SIR, SVS				☑		☐
75964	XXX	D	Oct15	24	Open and Percutaneous Transluminal Angioplasty		Jan16	15	ACR, SIR, SVS				☑		☐
92235	XXX	R	Oct15	55	Ophthalmoscopic Angiography	W1	Jan16	21	AAO, ASRS	0.75	0.75		☑		☐
92240	XXX	R	Oct15	55	Ophthalmoscopic Angiography	W2	Jan16	21	AAO, ASRS	0.80	0.80		☑		☐
922X4	XXX	N	Oct15	55	Ophthalmoscopic Angiography	W3	Jan16	21	AAO, ASRS	0.95	0.95		☑		☐
0292T	XXX	D	Oct15	56	Optical Coherence Tomography (OCT)		Deleted						☐		☐
92978	ZZZ	R	Oct15	56	Optical Coherence Tomography (OCT)		Editorial			1.80	1.80	Yes	☑		☐
0291T	XXX	D	Oct15	56	Optical Coherence Tomography (OCT)		Deleted						☐		☐
92979	ZZZ	R	Oct15	56	Optical Coherence Tomography (OCT)		Editorial			1.44	1.44	Yes	☑		☐
99420	XXX	D	Oct15	05	Parent, Caregiver-focused Health Risk Assessment		Jan16	24					☑		☐
961X1	XXX	N	Oct15	05	Parent, Caregiver-focused Health Risk Assessment	G2	Jan16	24					☑	PE Inputs Recommendations Only	☐
961X0	XXX	N	Oct15	05	Parent, Caregiver-focused Health Risk Assessment	G1	Jan16	24					☑	PE Inputs Recommendations Only	☐
364X1	XXX	N	May15	09	Partial Exchange Transfusion	C1	Jan16	12	AAP	2.00	2.00		☑		☐
36440	XXX	F	May15	09	Partial Exchange Transfusion	C2	Jan16	12	AAP	1.03	1.03	Yes	☑		☐
36455	XXX	F	May15	09	Partial Exchange Transfusion	C4	Jan16	12	AAP	2.43	2.43	Yes	☑		☐
36450	XXX	F	May15	09	Partial Exchange Transfusion	C3	Jan16	12	AAP	3.50	3.50		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
03XTX	XXX	N	Oct15	77	Percutaneous Cryoablation for Phantom Limb Pain		Cat III						☐	Category III	☐
01XTX	XXX	N	Oct15	77	Percutaneous Cryoablation for Phantom Limb Pain		Cat III						☐	Category III	☐
02XTX	XXX	N	Oct15	77	Percutaneous Cryoablation for Phantom Limb Pain		Cat III						☐	Category III	☐
0000T	YYY	N	Oct15	32	Peri-prostatic Implantation of Biodegradable Material		Cat III						☐	Category III	☐
11752	010	D	Oct15	09	Phalanx Tuft Amputation		Deleted						☑		☐
97X71	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation		Not Covered						☐	Not MFS	☐
97006	XXX	D	Feb15	88	Physical Medicine and Rehabilitation Evaluation		Deleted						☑		☐
97X72	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation		Not Covered						☐	Not MFS	☐
97005	XXX	D	Feb15	88	Physical Medicine and Rehabilitation Evaluation		Deleted						☑		☐
97X69	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation		Not Covered						☐	Not MFS	☐
97X70	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation		Not Covered						☐	Not MFS	☐
90661	XXX	R	Feb16	38	Quadrivalent Influenza Vaccine Cell Cultured Derived		Vaccine						☐		☐
906X2	XXX	N	Feb16	38	Quadrivalent Influenza Vaccine Cell Cultured Derived		Vaccine						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0XXXT	XXX	N	Oct15	78	Real Time Spectral Analysis of Prostate Tissue		Cat III						☐	Category III	☐
67105	010	R	May15	21	Retinal Detachment Repair	E2	Oct15	11	AAO, ASRS	3.84	3.84		☑		☐
67101	010	R	May15	21	Retinal Detachment Repair	E1	Oct15	11	AAO, ASRS	3.50	3.50		☑		☐
04TX7	XXX	N	May15	39	Robotic Assisted Water Jet Prostate Resection		Cat III						☐	Category III	☐
04XT2	XXX	N	May15	38	Secretory Type II Phospholipase A2 Protein Measurement		Cat III						☐	Category III	☐
04XT0	XXX	N	May15	24	Tactile Breast Imaging		Cat III						☐	Category III	☐
81401	XXX	R	Feb16	25	Tier 1 SEPT9 Methylation Analysis for Colorectal Cancer		CLFS						☐	Clinical Lab Payment Schedule	☐
813X7	XXX	N	Feb16	25	Tier 1 SEPT9 Methylation Analysis for Colorectal Cancer		CLFS						☐	Clinical Lab Payment Schedule	☐
33410	090	R	Oct15	22	Valvuloplasty		Jan16	11	STS	46.41	46.41	Yes	☑		☐
33403	090	D	Oct15	22	Valvuloplasty		Jan16	11	STS				☑		☐
334X2	090	N	Oct15	22	Valvuloplasty	O2	Jan16	11	STS	44.00	44.00		☑		☐
334X1	090	N	Oct15	22	Valvuloplasty	O1	Jan16	11	STS	35.00	35.00		☑		☐
33405	090	R	Oct15	22	Valvuloplasty		Jan16	11	STS	41.32	41.32	Yes	☑		☐
33406	090	R	Oct15	22	Valvuloplasty		Jan16	11	STS	52.68	52.68	Yes	☑		☐
33401	090	D	Oct15	22	Valvuloplasty		Jan16	11	STS				☑		☐
33400	090	D	Oct15	22	Valvuloplasty		Jan16	11	STS				☑		☐
037XT	YYY	N	May15	05	Venous Electrode Insertion and Revision-Replacement		Cat III						☐	Category III	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
03X3T	YYY	N	May15	05	Venous Electrode Insertion and Revision-Replacement		Cat III						☐	Category III	☐
039XT	YYY	N	May15	05	Venous Electrode Insertion and Revision-Replacement		Cat III						☐	Category III	☐
03X0T	YYY	N	May15	05	Venous Electrode Insertion and Revision-Replacement		Cat III						☐	Category III	☐
03X1T	YYY	N	May15	05	Venous Electrode Insertion and Revision-Replacement		Cat III						☐	Category III	☐
03X2T	YYY	N	May15	05	Venous Electrode Insertion and Revision-Replacement		Cat III						☐	Category III	☐
036XT	YYY	N	May15	05	Venous Electrode Insertion and Revision-Replacement		Cat III						☐	Category III	☐
031XT	YYY	N	May15	05	Venous Electrode Insertion and Revision-Replacement		Cat III						☐	Category III	☐
035XT	YYY	N	May15	05	Venous Electrode Insertion and Revision-Replacement		Cat III						☐	Category III	☐
034XT	YYY	N	May15	05	Venous Electrode Insertion and Revision-Replacement		Cat III						☐	Category III	☐
033XT	YYY	N	May15	05	Venous Electrode Insertion and Revision-Replacement		Cat III						☐	Category III	☐
032XT	YYY	N	May15	05	Venous Electrode Insertion and Revision-Replacement		Cat III						☐	Category III	☐

CPT 2017 HCPAC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	HCPAC Date	HCPAC Tab	S.S.	Specialty Rec	HCPAC Rec	Same RVU as last year?	MFS?	Comments
97004	XXX	D	Feb15	88	Physical Medicine and Rehabilitation Evaluation		HCPAC	17					☑	
97003	XXX	D	Feb15	88	Physical Medicine and Rehabilitation Evaluation		HCPAC	17					☑	
97002	XXX	D	Feb15	88	Physical Medicine and Rehabilitation Evaluation		HCPAC	17					☑	
97001	XXX	D	Feb15	88	Physical Medicine and Rehabilitation Evaluation		HCPAC	17					☑	
97X68	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation	HH8	HCPAC	17	AOTA	0.8	0.8		☑	
97X67	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation	HH7	HCPAC	17	AOTA	1.7	1.7		☑	
97X66	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation	HH6	HCPAC	17	AOTA	1.2	1.2		☑	
97X65	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation	HH5	HCPAC	17	AOTA	0.93	0.88		☑	
97X64	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation	HH4	HCPAC	17	APTA	0.85	0.75		☑	
97X63	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation	HH3	HCPAC	17	APTA	1.5	1.5		☑	
97X62	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation	HH2	HCPAC	17	APTA	1.18	1.18		☑	
97X61	XXX	N	Feb15	88	Physical Medicine and Rehabilitation Evaluation	HH1	HCPAC	17	APTA	0.75	0.75		☑	

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes January 2016					
CPT	**2016 Long Descriptor**	**RUC Recommendation**	**CMS High Expenditure Procedural Codes**	**CMS Request - Final Rule for 2016**	**High Volume Growth**
00740	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum	5.0 Interim and resurvey for April 2016		X	
00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	5.0 Interim and resurvey for April 2016		X	
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion	Refer to CPT	X		
11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)	Refer to CPT	X		
11730	Avulsion of nail plate, partial or complete, simple; single	1.10 (HCPAC)	X		
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	0.75	X		
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	0.66	X		
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	0.75	X		
31500	Intubation, endotracheal, emergency procedure	3.00 and Refer to CPT Assistant	X		
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	Survey October 2016	X		
38220	Bone marrow; aspiration only	Refer to CPT	X		
38221	Bone marrow; biopsy, needle or trocar	Refer to CPT	X		
51700	Bladder irrigation, simple, lavage and/or instillation	0.60	X		
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	0.50	X		
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	0.50	X		
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	1.47	X		
51720	Bladder instillation of anticarcinogenic agent (including retention time)	0.87	X		
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	0.75	X		
52000	Cystourethroscopy (separate procedure)	1.75	X		
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	2.50	X		
58555	Hysteroscopy, diagnostic (separate procedure)	3.07	X		
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	4.37	X		
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	5.54	X		
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	6.15	X		
58561	Hysteroscopy, surgical; with removal of leiomyomata	7.00	X		
58562	Hysteroscopy, surgical; with removal of impacted foreign body	4.17	X		
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	4.62	X		

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes January 2016					
CPT	**2016 Long Descriptor**	**RUC Recommendation**	**CMS High Expenditure Procedural Codes**	**CMS Request - Final Rule for 2016**	**High Volume Growth**
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	13.00	Identified as part of New & Revised Issue (but not related to the family). Carried over from October 2015		
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)	4.33	Identified as part of New & Revised Issue (but not related to the family). Carried over from October 2015		
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)	6.50	Identified as part of New & Revised Issue (but not related to the family). Carried over from October 2015		
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	1.35	X		
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	1.62	X		
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	2.15	X		
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	0.54	X		
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	0.84	X		
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	1.24	X		
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	2.03	X		
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	New PE Inputs	X		
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	New PE Inputs	X		
88187	Flow cytometry, interpretation; 2 to 8 markers	0.74	X		
88188	Flow cytometry, interpretation; 9 to 15 markers	1.40	X		
88189	Flow cytometry, interpretation; 16 or more markers	1.70	X		
88321	Consultation and report on referred slides prepared elsewhere	1.63	X		
88323	Consultation and report on referred material requiring preparation of slides	1.83	X		
88325	Consultation, comprehensive, with review of records and specimens, with report on referred material	2.85	X		
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	2.49	X		
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	1.00	X		
92250	Fundus photography with interpretation and report	0.40	X		
92275	Electroretinography with interpretation and report	Refer to CPT	X		
93965	Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)	Refer to CPT for deletion	X		

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes January 2016					
CPT	**2016 Long Descriptor**	**RUC Recommendation**	**CMS High Expenditure Procedural Codes**	**CMS Request - Final Rule for 2016**	**High Volume Growth**
94620	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)	Refer to CPT	X		
94621	Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)	Refer to CPT	X		
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	0.06	X		
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	0.06	X		
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	1.08		X	
95813	Electroencephalogram (EEG) extended monitoring; greater than 1 hour	1.63		X	
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	1.98	X		
95970	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming	Refer to CPT		X	X
95974	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour	Refer to CPT		X	
95975	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	Refer to CPT		X	
95978	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour	Refer to CPT		X	

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes January 2016					
CPT	**2016 Long Descriptor**	**RUC Recommendation**	**CMS High Expenditure Procedural Codes**	**CMS Request - Final Rule for 2016**	**High Volume Growth**
95979	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	Refer to CPT		X	
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Refer to CPT		X	
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Refer to CPT		X	
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Refer to CPT		X	
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Refer to CPT	X		
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	Refer to CPT	X		
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report	Refer to CPT	X		
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	Refer to CPT	X		

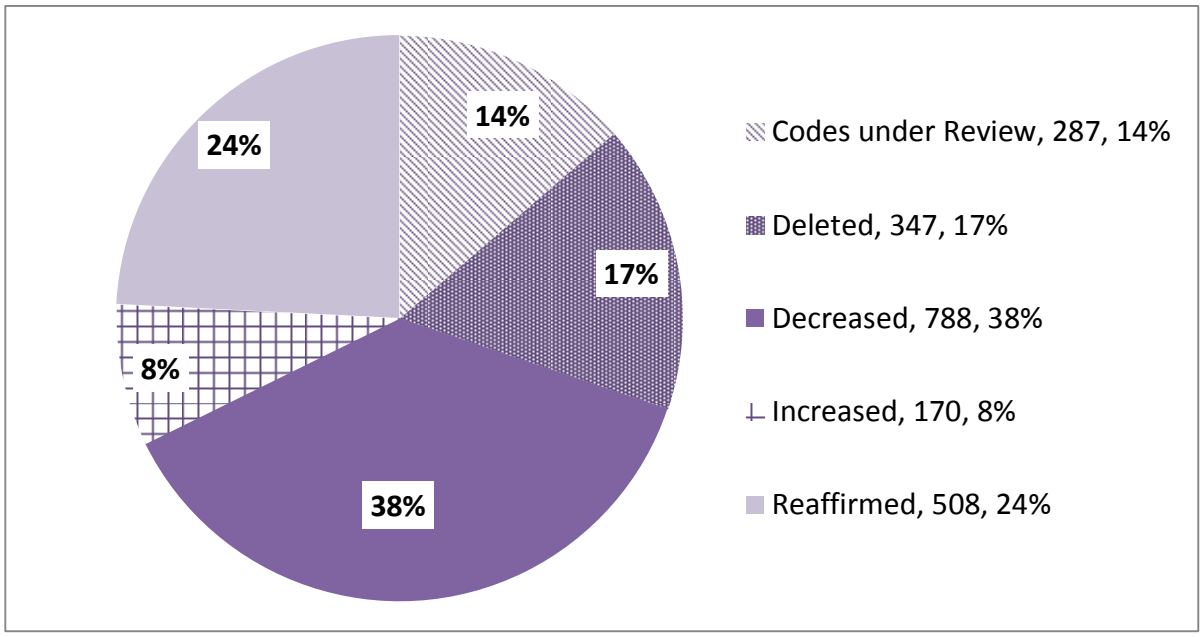
RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes January 2016					
CPT	**2016 Long Descriptor**	**RUC Recommendation**	**CMS High Expenditure Procedural Codes**	**CMS Request - Final Rule for 2016**	**High Volume Growth**
96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Refer to CPT	X		
96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	Refer to CPT	X		
96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	Refer to CPT	X		
96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Refer to CPT	X		
G0364	Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service	Refer to CPT	X		

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 2,100 services through 16 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, are examining 2,100 potentially misvalued services accounting for $39 billion in Medicare spending. The update committee has recommended reductions and deletions to 1,135 services, redistributing nearly $4 billion. Here are the outcomes for the committee's review of 2,100 codes:

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 526 services. In September 2010, the re-review cycle began and since then the RUC has recommended 25 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 237 services every September after three years of Medicare claims data is available for each service.

Methodology Improvements
The RUC recently announced 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 13 codes and the RUC will re-review two services in the CPT® 2019 cycle after more data is available.

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 three services will be reviewed by the RUC for the 2018 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 22 services from the screen as the volume growth did not impact the resources required to provide these services. The CPT® Editorial Panel deleted 23 codes. The RUC submitted 49 recommendations to CMS for services for the 2012-2015 Medicare Physician Payment Schedules. In September 2011, the RUC began review of services after two years of utilization data were collected. The RUC will continue to review the remaining three services after additional utilization data is available.

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 58 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 RUC referred seven services to the CPT® Editorial Panel for revision and recommended review of five services after an additional two years of utilization data is collected. The CPT® Editorial Panel deleted six codes and the RUC submitted recommendations for 43 services for the 2015-2016 Medicare Physician Payment Schedule.

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 21 services to include the appropriate family of 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 RUC referred eight services to the CPT Editorial Panel for revision and recommended the review of four services after an additional two years of utilization data is collected. The CPT Editorial Panel deleted one code and the RUC submitted recommendations for two services for the 2017. The RUC will continue to review the remaining four services after additional utilization data is available.

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 39 services from the screen as the volume growth did not impact the resources required to provide the service. The CPT® Editorial Panel deleted 34 codes. The RUC submitted 33 recommendations to CMS for the 2012-2016 Medicare Physician Payment Schedules. The RUC will review the remaining five services after additional utilization data is available.

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 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.

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 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.

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 29 services for the 2013-2015 Medicare Physician Payment Schedules. The RUC will review one remaining service for the 2017 Medicare Physician Payment Schedule.

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 CPT® Editorial Panel deleted three services. The RUC submitted recommendations for 16 services for the 2013-2015 Medicare Physician Payment Schedules. The RUC removed one service from the screen and will review one service after additional utilization data is available.

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 49 services to include the family of services. The CPT Editorial Panel deleted 11 codes identified under this screen. The RUC referred two services to the CPT® Editorial Panel and submitted 28 recommendations to CMS for the 2015 and 2016 Medicare Physician Payment Schedules. The RUC will review eight services for the 2017 Medicare Physician Payment Schedule.

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 125 new and/or revised codes that described the bundles of services. The CPT® Editorial Panel and the RUC are currently working on one service and expect to complete this screen for final implementation in the 2017 Medicare Physician Payment Schedule.

In August 2011, the Joint CPT®/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its third 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 161 total codes under review, the CPT® Editorial Panel deleted 49 services and is scheduled to review 14 codes in

the 2018 cycle. The RUC has submitted 98 code recommendations for the 2014-2017 Medicare Physician Payment Schedules.

In January and April 2015, the Joint CPT/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its fourth 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 37 total codes under review, the CPT Editorial Panel deleted 12 services and is scheduled to review nine codes in the 2018 cycle. The RUC has submitted 16 code recommendations for the 2017 Medicare Physician Payment Schedule.

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 this 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 and will review four codes for the

2017 cycle. The RUC submitted 120 recommendations to CMS for the 2013-2017 Medicare Physician Payment Schedules will review utilization data for one service after additional data is available.

In the Proposed Rule for 2016, CMS requested that the RUC review a list of 118 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 207 services to include additional codes as part of the family. The RUC requested that 29 of these services be removed because they have been recently reviewed or do not meet the query criteria.

The CPT Editorial Panel deleted 1 code and will review 19 codes for the 2018 cycle. The RUC submitted 46 recommendations to CMS for the 2017 Medicare Physician Payment Schedule and will review the remaining services for 2018.

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 amount 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.

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.

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.

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.

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 nine 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 RUC will review the remaining five services for the 2018 Medicare Physician Payment Schedule. 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.

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 now 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 38 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 RUC submitted recommendations for 28 services for the 2014-2017 Medicare Physician Payment Schedules. The RUC will review two services after additional utilization data is available.

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 91 services. The CPT® Editorial Panel deleted 10 services and will review one service for CPT 2018. The RUC submitted recommendations to CMS for 79 services for the 2015-2017 Medicare Physician Payment Schedules and will review one service after additional data is available.

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 44 services to include additional codes as part of this family. The CPT Editorial Panel deleted 13 services and will review three additional services. The RUC submitted 28 recommendations for the 2016-2017 Medicare Physician Payment Schedules.

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 26 services to include an additional code as part of the family. The RUC will review these services for the 2018 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*	**2,100**
Codes Completed	**1,813**
Work and PE Maintained	508
Work Increased	170
Work Decreased	673
Direct Practice Expense Revised (beyond work changes)	115
Deleted from CPT®	347
Codes Under Review	**287**
Referred to CPT® Editorial Panel	55
RUC to Review April and October 2016	188
RUC future review after additional data obtained	44

**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 2009-2015 have resulted nearly $4 billion for redistribution within the Medicare Physician Payment Schedule.

Status Report: CMS Requests and Relativity Assessment Issues

00740 **Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum**

Global: XXX **Issue:** Anesthesia for Intestingal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 25 **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2014 Medicare Utilization:** 1,302,402

2007 Work RVU: 5.00 **2016 Work RVU:** 5.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** 0.00

RUC Recommendation: 5.0 Interim and resurvey for April 2016 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

00810 **Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum**

Global: XXX **Issue:** Anesthesia for Intestingal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 25 **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2014 Medicare Utilization:** 1,602,308

2007 Work RVU: 5.00 **2016 Work RVU:** 5.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** 0.00

RUC Recommendation: 5.0 Interim and resurvey for April 2016 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

01930 **Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified**

Global: XXX **Issue:** Anesthesia for Interventional Radiology **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2014 Medicare Utilization:** 23,750

2007 Work RVU: 5.00 **2016 Work RVU:** 5.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** 0.00

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

10021 **Fine needle aspiration; without imaging guidance**

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: July 2015
2014 Medicare Utilization: 27,824

2007 Work RVU: 1.27 **2016 Work RVU:** 1.27
2007 NF PE RVU: 2.14 **2016 NF PE RVU:** 2.06
2007 Fac PE RVU: 0.5 **2016 Fac PE RVU:** 0.56

RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

10022 **Fine needle aspiration; with imaging guidance**

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: February 2009
Tab 38
Specialty Developing Recommendation: ACR, SIR, CAP, ACR, ASC
First Identified: October 2008
2014 Medicare Utilization: 189,076

2007 Work RVU: 1.27 **2016 Work RVU:** 1.27
2007 NF PE RVU: 2.41 **2016 NF PE RVU:** 2.59
2007 Fac PE RVU: 0.4 **2016 Fac PE RVU:** 0.48

RUC Recommendation: Remove from screen
CPT Action (if applicable):
Result: Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

10030 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous**

Global: XXX **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013
Tab 04
Specialty Developing Recommendation: ACR, SIR
First Identified: January 2012
2014 Medicare Utilization: 7,627

2007 Work RVU: **2016 Work RVU:** 3.00
2007 NF PE RVU: **2016 NF PE RVU:** 18.44
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.17

RUC Recommendation: 3.00
CPT Action (if applicable): October 2012
Result: Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

10040 **Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)**

Global: 010 **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Medicare Utilization:** 31,445

2007 Work RVU: 1.19 **2016 Work RVU:** 1.21
2007 NF PE RVU: 1.09 **2016 NF PE RVU:** 1.51
2007 Fac PE RVU: 0.84 **2016 Fac PE RVU:** 1.14

RUC Recommendation:

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

10060 **Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single**

Global: 010 **Issue:** Incision and Drainage of Abscess **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 07 **Specialty Developing Recommendation:** APMA

First Identified: February 2010 **2014 Medicare Utilization:** 454,432

2007 Work RVU: 1.19 **2016 Work RVU:** 1.22
2007 NF PE RVU: 1.29 **2016 NF PE RVU:** 1.97
2007 Fac PE RVU: 0.97 **2016 Fac PE RVU:** 1.42

RUC Recommendation: 1.50

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

10061 **Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple**

Global: 010 **Issue:** Incision and Drainage of Abscess **Screen:** Harvard Valued - Utilization over 100,000 / 010-Day Global Post-Operative Visits Screen **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** APMA

First Identified: October 2009 **2014 Medicare Utilization:** 172,286

2007 Work RVU: 2.42 **2016 Work RVU:** 2.45
2007 NF PE RVU: 1.89 **2016 NF PE RVU:** 3.10
2007 Fac PE RVU: 1.51 **2016 Fac PE RVU:** 2.37

RUC Recommendation: 2.45

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

10120 **Incision and removal of foreign body, subcutaneous tissues; simple** **Global:** 010 **Issue:** **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 12 **Specialty Developing Recommendation:** APMA, AAFP **First Identified:** April 2011 **2014 Medicare Utilization:** 43,481

2007 Work RVU: 1.23 **2016 Work RVU:** 1.22
2007 NF PE RVU: 2.12 **2016 NF PE RVU:** 2.94
2007 Fac PE RVU: 0.97 **2016 Fac PE RVU:** 1.59

RUC Recommendation: 1.25 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

10180 **Incision and drainage, complex, postoperative wound infection** **Global:** 010 **Issue:** **Screen:** RUC identified when reviewing comparison codes **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** January 2013 **2014 Medicare Utilization:** 12,271

2007 Work RVU: 2.27 **2016 Work RVU:** 2.30
2007 NF PE RVU: 3.06 **2016 NF PE RVU:** 4.22
2007 Fac PE RVU: 1.94 **2016 Fac PE RVU:** 2.34

RUC Recommendation: Remove from re-review **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

11040 **Deleted from CPT** **Global:** 000 **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2014 Medicare Utilization:**

2007 Work RVU: 0.50 **2016 Work RVU:**
2007 NF PE RVU: 0.56 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.2 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

11041 **Deleted from CPT** **Global:** 000 **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2014 Medicare Utilization:**

2007 Work RVU: 0.60 **2016 Work RVU:**
2007 NF PE RVU: 0.68 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.3 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

11042 **Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less** **Global:** 000 **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2014 Medicare Utilization:** 1,534,089

2007 Work RVU: 0.80 **2016 Work RVU:** 1.01
2007 NF PE RVU: 0.97 **2016 NF PE RVU:** 2.18
2007 Fac PE RVU: 0.39 **2016 Fac PE RVU:** 0.64

RUC Recommendation: 1.12 **CPT Action (if applicable):** October 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

11043 **Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less** **Global:** 000 **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2014 Medicare Utilization:** 249,995

2007 Work RVU: 3.04 **2016 Work RVU:** 2.70
2007 NF PE RVU: 3.45 **2016 NF PE RVU:** 3.39
2007 Fac PE RVU: 2.62 **2016 Fac PE RVU:** 1.38

RUC Recommendation: 3.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

11044 **Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less** **Global:** 000 **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2014 Medicare Utilization:** 63,976

2007 Work RVU: 4.11 **2016 Work RVU:** 4.10
2007 NF PE RVU: 4.58 **2016 NF PE RVU:** 4.22
2007 Fac PE RVU: 3.73 **2016 Fac PE RVU:** 1.92

RUC Recommendation: 4.56 **CPT Action (if applicable):** October 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

11045 **Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2014 Medicare Utilization:** 290,354

2007 Work RVU: **2016 Work RVU:** 0.50
2007 NF PE RVU: **2016 NF PE RVU:** 0.59
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.18

RUC Recommendation: 0.69 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

11046 **Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2014 Medicare Utilization:** 129,757

2007 Work RVU: **2016 Work RVU:** 1.03
2007 NF PE RVU: **2016 NF PE RVU:** 0.88
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.41

RUC Recommendation: 1.29 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

11047 **Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** **2014 Medicare Utilization:** 29,949

2007 Work RVU: **2016 Work RVU:** 1.80
2007 NF PE RVU: **2016 NF PE RVU:** 1.41
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.74

RUC Recommendation: 2.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

11055 **Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion**

Global: 000 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2014 Medicare Utilization:** 917,027

2007 Work RVU: 0.43 **2016 Work RVU:** 0.35
2007 NF PE RVU: 0.63 **2016 NF PE RVU:** 0.98
2007 Fac PE RVU: 0.16 **2016 Fac PE RVU:** 0.09

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

11056 **Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions**

Global: 000 **Issue:** Trim Skin Lesions **Screen:** MPC List / CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2014 Medicare Utilization:** 1,985,364

2007 Work RVU: 0.61 **2016 Work RVU:** 0.50
2007 NF PE RVU: 0.7 **2016 NF PE RVU:** 1.12
2007 Fac PE RVU: 0.22 **2016 Fac PE RVU:** 0.12

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

11057 **Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions**

Global: 000 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2014 Medicare Utilization:** 386,219

2007 Work RVU: 0.79 **2016 Work RVU:** 0.65
2007 NF PE RVU: 0.81 **2016 NF PE RVU:** 1.17
2007 Fac PE RVU: 0.28 **2016 Fac PE RVU:** 0.16

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

11100 **Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion**

Global: 000 **Issue:** Biopsy of Skin Lesion **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 26 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2014 Medicare Utilization:** 3,173,156

2007 Work RVU: 0.81 **2016 Work RVU:** 0.81
2007 NF PE RVU: 1.41 **2016 NF PE RVU:** 2.01
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** 0.48

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** May 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

11101 **Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biopsy of Skin Lesion **Screen:** Low Value Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 26 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2014 Medicare Utilization:** 1,381,110

2007 Work RVU: 0.41 **2016 Work RVU:** 0.41
2007 NF PE RVU: 0.35 **2016 NF PE RVU:** 0.46
2007 Fac PE RVU: 0.2 **2016 Fac PE RVU:** 0.25

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** May 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

11300 **Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2014 Medicare Utilization:** 90,501

2007 Work RVU: 0.51 **2016 Work RVU:** 0.60
2007 NF PE RVU: 1.04 **2016 NF PE RVU:** 2.07
2007 Fac PE RVU: 0.21 **2016 Fac PE RVU:** 0.33

RUC Recommendation: 0.60 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

11301 **Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2014 Medicare Utilization:** 181,711

2007 Work RVU: 0.85 **2016 Work RVU:** 0.90
2007 NF PE RVU: 1.21 **2016 NF PE RVU:** 2.36
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** 0.52

RUC Recommendation: 0.90 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

11302 **Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2014 Medicare Utilization:** 111,112

2007 Work RVU: 1.05 **2016 Work RVU:** 1.05
2007 NF PE RVU: 1.42 **2016 NF PE RVU:** 2.79
2007 Fac PE RVU: 0.47 **2016 Fac PE RVU:** 0.61

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

11303 **Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2014 Medicare Utilization:** 15,706

2007 Work RVU: 1.24 **2016 Work RVU:** 1.25
2007 NF PE RVU: 1.69 **2016 NF PE RVU:** 2.98
2007 Fac PE RVU: 0.53 **2016 Fac PE RVU:** 0.72

RUC Recommendation: 1.25 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

11305 **Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2014 Medicare Utilization:** 115,526

2007 Work RVU: 0.67 **2016 Work RVU:** 0.80
2007 NF PE RVU: 0.91 **2016 NF PE RVU:** 1.94
2007 Fac PE RVU: 0.26 **2016 Fac PE RVU:** 0.26

RUC Recommendation: 0.80 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

11306 **Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2014 Medicare Utilization:** 97,680

2007 Work RVU: 0.99 **2016 Work RVU:** 0.96
2007 NF PE RVU: 1.18 **2016 NF PE RVU:** 2.38
2007 Fac PE RVU: 0.41 **2016 Fac PE RVU:** 0.43

RUC Recommendation: 1.18 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

11307 **Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2014 Medicare Utilization:** 52,016

2007 Work RVU: 1.14 **2016 Work RVU:** 1.20
2007 NF PE RVU: 1.4 **2016 NF PE RVU:** 2.71
2007 Fac PE RVU: 0.49 **2016 Fac PE RVU:** 0.57

RUC Recommendation: 1.20 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

11308 **Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2014 Medicare Utilization:** 13,647

2007 Work RVU: 1.41 **2016 Work RVU:** 1.46
2007 NF PE RVU: 1.53 **2016 NF PE RVU:** 2.67
2007 Fac PE RVU: 0.58 **2016 Fac PE RVU:** 0.52

RUC Recommendation: 1.46 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

11310 **Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2014 Medicare Utilization:** 81,378

2007 Work RVU: 0.73 **2016 Work RVU:** 0.80
2007 NF PE RVU: 1.18 **2016 NF PE RVU:** 2.31
2007 Fac PE RVU: 0.32 **2016 Fac PE RVU:** 0.45

RUC Recommendation: 1.19 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

11311 **Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2014 Medicare Utilization:** 109,082

2007 Work RVU: 1.05 **2016 Work RVU:** 1.10
2007 NF PE RVU: 1.34 **2016 NF PE RVU:** 1.91
2007 Fac PE RVU: 0.49 **2016 Fac PE RVU:** 0.64

RUC Recommendation: 1.43 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

11312 **Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD

First Identified: January 2012

2014 Medicare Utilization: 51,917

2007 Work RVU: 1.20 **2016 Work RVU:** 1.30
2007 NF PE RVU: 1.55 **2016 NF PE RVU:** 3.05
2007 Fac PE RVU: 0.56 **2016 Fac PE RVU:** 0.76

RUC Recommendation: 1.80

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

11313 **Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD

First Identified: January 2012

2014 Medicare Utilization: 6,000

2007 Work RVU: 1.62 **2016 Work RVU:** 1.68
2007 NF PE RVU: 1.9 **2016 NF PE RVU:** 3.34
2007 Fac PE RVU: 0.73 **2016 Fac PE RVU:** 0.97

RUC Recommendation: 2.00

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

11719 **Trimming of nondystrophic nails, any number**

Global: 000 **Issue:** Debridement of Nail **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 32 **Specialty Developing Recommendation:** APMA

First Identified: October 2010

2014 Medicare Utilization: 1,223,981

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2016 NF PE RVU:** 0.22
2007 Fac PE RVU: 0.07 **2016 Fac PE RVU:** 0.04

RUC Recommendation: 0.17

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

11720 **Debridement of nail(s) by any method(s); 1 to 5**

Global: 000 **Issue:** Debridement of Nail **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 53 **Specialty Developing Recommendation:** APMA

First Identified:

2014 Medicare Utilization: 2,214,426

2007 Work RVU: 0.32 **2016 Work RVU:** 0.32
2007 NF PE RVU: 0.37 **2016 NF PE RVU:** 0.57
2007 Fac PE RVU: 0.11 **2016 Fac PE RVU:** 0.08

RUC Recommendation: 0.32 (Interim)

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

11721 **Debridement of nail(s) by any method(s); 6 or more**

Global: 000 **Issue:** Debridement of Nail **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 53 **Specialty Developing Recommendation:** APMA

First Identified: October 2010

2014 Medicare Utilization: 7,595,009

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 0.47 **2016 NF PE RVU:** 0.69
2007 Fac PE RVU: 0.2 **2016 Fac PE RVU:** 0.13

RUC Recommendation: 0.54 (Interim)

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

11730 **Avulsion of nail plate, partial or complete, simple; single**

Global: 000 **Issue:** Removal of Nail Plate **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** APMA

First Identified: July 2015

2014 Medicare Utilization: 481,374

2007 Work RVU: 1.10 **2016 Work RVU:** 1.10
2007 NF PE RVU: 1.11 **2016 NF PE RVU:** 1.63
2007 Fac PE RVU: 0.4 **2016 Fac PE RVU:** 0.28

RUC Recommendation: 1.10

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

11750 **Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;**

Global: 010 **Issue:** Excision of Nail Bed - HCPAC **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 26 **Specialty Developing Recommendation:**

First Identified: January 2014

2014 Medicare Utilization: 210,353

2007 Work RVU: 2.40 **2016 Work RVU:** 1.58
2007 NF PE RVU: 2.37 **2016 NF PE RVU:** 3.40
2007 Fac PE RVU: 1.79 **2016 Fac PE RVU:** 2.30

RUC Recommendation: 1.99

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

11752 **Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx**

Global: 010 **Issue:** Excision of Nail Bed - HCPAC **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 28 **Specialty Developing Recommendation:**

First Identified: January 2014

2014 Medicare Utilization: 1,502

2007 Work RVU: 3.48 **2016 Work RVU:** 3.63
2007 NF PE RVU: 3.28 **2016 NF PE RVU:** 5.16
2007 Fac PE RVU: 2.95 **2016 Fac PE RVU:** 3.46

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

11900 **Injection, intralesional; up to and including 7 lesions**

Global: 000 **Issue:** Skin Injection Services **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 31 **Specialty Developing Recommendation:** AAD

First Identified: October 2009

2014 Medicare Utilization: 196,385

2007 Work RVU: 0.52 **2016 Work RVU:** 0.52
2007 NF PE RVU: 0.72 **2016 NF PE RVU:** 0.98
2007 Fac PE RVU: 0.22 **2016 Fac PE RVU:** 0.31

RUC Recommendation: 0.52

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

11901 **Injection, intralesional; more than 7 lesions**

Global: 000 **Issue:** Skin Injection Services **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 31 **Specialty Developing Recommendation:** AAD

First Identified: February 2010

2014 Medicare Utilization: 62,090

2007 Work RVU: 0.80 **2016 Work RVU:** 0.80
2007 NF PE RVU: 0.75 **2016 NF PE RVU:** 1.07
2007 Fac PE RVU: 0.37 **2016 Fac PE RVU:** 0.49

RUC Recommendation: 0.80

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

11980 **Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)**

Global: 000 **Issue:** Hormone Pellet Implantation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 20 **Specialty Developing Recommendation:** AUA

First Identified: April 2013

2014 Medicare Utilization: 34,031

2007 Work RVU: 1.48 **2016 Work RVU:** 1.10
2007 NF PE RVU: 1.1 **2016 NF PE RVU:** 1.44
2007 Fac PE RVU: 0.55 **2016 Fac PE RVU:** 0.39

RUC Recommendation: 1.10

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

11981 **Insertion, non-biodegradable drug delivery implant**

Global: XXX **Issue:** Drug Implant **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AUA, AAOS

First Identified: June 2008

2014 Medicare Utilization: 12,943

2007 Work RVU: 1.48 **2016 Work RVU:** 1.48
2007 NF PE RVU: 1.76 **2016 NF PE RVU:** 2.26
2007 Fac PE RVU: 0.66 **2016 Fac PE RVU:** 0.64

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

11982 **Removal, non-biodegradable drug delivery implant**

Global: XXX **Issue:** Drug Implant **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2014 Medicare Utilization:** 3,762

2007 Work RVU: 1.78 **2016 Work RVU:** 1.78
2007 NF PE RVU: 1.97 **2016 NF PE RVU:** 2.45
2007 Fac PE RVU: 0.81 **2016 Fac PE RVU:** 0.80

RUC Recommendation: Remove from screen **CPT Action (if applicable):**

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

11983 **Removal with reinsertion, non-biodegradable drug delivery implant**

Global: XXX **Issue:** Drug Implant **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA **First Identified:** June 2008 **2014 Medicare Utilization:** 2,812

2007 Work RVU: 3.30 **2016 Work RVU:** 3.30
2007 NF PE RVU: 2.38 **2016 NF PE RVU:** 2.57
2007 Fac PE RVU: 1.44 **2016 Fac PE RVU:** 1.25

RUC Recommendation: Remove from screen **CPT Action (if applicable):**

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

12001 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2014 Medicare Utilization:** 185,193

2007 Work RVU: 1.72 **2016 Work RVU:** 0.84
2007 NF PE RVU: 1.92 **2016 NF PE RVU:** 1.57
2007 Fac PE RVU: 0.76 **2016 Fac PE RVU:** 0.32

RUC Recommendation: 0.84 **CPT Action (if applicable):**

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12002 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2014 Medicare Utilization:** 144,836

2007 Work RVU: 1.88 **2016 Work RVU:** 1.14
2007 NF PE RVU: 1.98 **2016 NF PE RVU:** 1.78
2007 Fac PE RVU: 0.89 **2016 Fac PE RVU:** 0.38

RUC Recommendation: 1.14 **CPT Action (if applicable):**

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

12004 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2014 Medicare Utilization:** 22,316

2007 Work RVU: 2.26 **2016 Work RVU:** 1.44
2007 NF PE RVU: 2.26 **2016 NF PE RVU:** 1.98
2007 Fac PE RVU: 0.99 **2016 Fac PE RVU:** 0.45

RUC Recommendation: 1.44 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12005 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2014 Medicare Utilization:** 6,062

2007 Work RVU: 2.88 **2016 Work RVU:** 1.97
2007 NF PE RVU: 2.75 **2016 NF PE RVU:** 2.32
2007 Fac PE RVU: 1.17 **2016 Fac PE RVU:** 0.47

RUC Recommendation: 1.97 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12006 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2014 Medicare Utilization:** 1,203

2007 Work RVU: 3.68 **2016 Work RVU:** 2.39
2007 NF PE RVU: 3.3 **2016 NF PE RVU:** 2.68
2007 Fac PE RVU: 1.46 **2016 Fac PE RVU:** 0.61

RUC Recommendation: 2.39 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12007 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2014 Medicare Utilization:** 460

2007 Work RVU: 4.13 **2016 Work RVU:** 2.90
2007 NF PE RVU: 3.71 **2016 NF PE RVU:** 2.97
2007 Fac PE RVU: 1.73 **2016 Fac PE RVU:** 0.86

RUC Recommendation: 2.90 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

12011 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2014 Medicare Utilization:** 90,341

2007 Work RVU: 1.78 **2016 Work RVU:** 1.07
2007 NF PE RVU: 2.07 **2016 NF PE RVU:** 1.87
2007 Fac PE RVU: 0.78 **2016 Fac PE RVU:** 0.36

RUC Recommendation: 1.07 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12013 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2014 Medicare Utilization:** 51,998

2007 Work RVU: 2.01 **2016 Work RVU:** 1.22
2007 NF PE RVU: 2.22 **2016 NF PE RVU:** 1.84
2007 Fac PE RVU: 0.92 **2016 Fac PE RVU:** 0.27

RUC Recommendation: 1.22 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12014 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2014 Medicare Utilization:** 6,872

2007 Work RVU: 2.48 **2016 Work RVU:** 1.57
2007 NF PE RVU: 2.5 **2016 NF PE RVU:** 1.99
2007 Fac PE RVU: 1.04 **2016 Fac PE RVU:** 0.35

RUC Recommendation: 1.57 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12015 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2014 Medicare Utilization:** 3,446

2007 Work RVU: 3.21 **2016 Work RVU:** 1.98
2007 NF PE RVU: 3.04 **2016 NF PE RVU:** 2.32
2007 Fac PE RVU: 1.22 **2016 Fac PE RVU:** 0.44

RUC Recommendation: 1.98 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

12016 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2014 Medicare Utilization:** 522

2007 Work RVU: 3.94 **2016 Work RVU:** 2.68
2007 NF PE RVU: 3.45 **2016 NF PE RVU:** 2.74
2007 Fac PE RVU: 1.47 **2016 Fac PE RVU:** 0.61

RUC Recommendation: 2.68 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12017 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2014 Medicare Utilization:** 79

2007 Work RVU: 4.72 **2016 Work RVU:** 3.18
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.79 **2016 Fac PE RVU:** 0.72

RUC Recommendation: 3.18 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12018 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** **2014 Medicare Utilization:** 29

2007 Work RVU: 5.54 **2016 Work RVU:** 3.61
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.19 **2016 Fac PE RVU:** 0.82

RUC Recommendation: 3.61 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

12031 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 57,089

2007 Work RVU: 2.17 **2016 Work RVU:** 2.00
2007 NF PE RVU: 2.69 **2016 NF PE RVU:** 4.41
2007 Fac PE RVU: 1.17 **2016 Fac PE RVU:** 2.10

RUC Recommendation: 2.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12032 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** October 2009 **2014 Medicare Utilization:** 227,718

2007 Work RVU: 2.49 **2016 Work RVU:** 2.52
2007 NF PE RVU: 4.19 **2016 NF PE RVU:** 5.70
2007 Fac PE RVU: 1.92 **2016 Fac PE RVU:** 2.71

RUC Recommendation: 2.52 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

12034 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 22,036

2007 Work RVU: 2.94 **2016 Work RVU:** 2.97
2007 NF PE RVU: 3.54 **2016 NF PE RVU:** 5.40
2007 Fac PE RVU: 1.59 **2016 Fac PE RVU:** 2.50

RUC Recommendation: 2.97 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

12035 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 4,676

2007 Work RVU: 3.44 **2016 Work RVU:** 3.50
2007 NF PE RVU: 5.21 **2016 NF PE RVU:** 6.78
2007 Fac PE RVU: 2.14 **2016 Fac PE RVU:** 2.82

RUC Recommendation: 3.60 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

12036 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 1,155

2007 Work RVU: 4.06 **2016 Work RVU:** 4.23
2007 NF PE RVU: 5.51 **2016 NF PE RVU:** 6.99
2007 Fac PE RVU: 2.47 **2016 Fac PE RVU:** 3.04

RUC Recommendation: 4.50 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

12037 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 557

2007 Work RVU: 4.68 **2016 Work RVU:** 5.00
2007 NF PE RVU: 6.05 **2016 NF PE RVU:** 7.69
2007 Fac PE RVU: 2.88 **2016 Fac PE RVU:** 3.51

RUC Recommendation: 5.25 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

12041 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 19,331

2007 Work RVU: 2.39 **2016 Work RVU:** 2.10
2007 NF PE RVU: 2.87 **2016 NF PE RVU:** 4.31
2007 Fac PE RVU: 1.29 **2016 Fac PE RVU:** 1.92

RUC Recommendation: 2.10 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12042 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 46,837

2007 Work RVU: 2.76 **2016 Work RVU:** 2.79
2007 NF PE RVU: 3.57 **2016 NF PE RVU:** 4.99
2007 Fac PE RVU: 1.63 **2016 Fac PE RVU:** 2.56

RUC Recommendation: 2.79 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

12044 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 2,194

2007 Work RVU: 3.16 **2016 Work RVU:** 3.19
2007 NF PE RVU: 3.74 **2016 NF PE RVU:** 6.53
2007 Fac PE RVU: 1.69 **2016 Fac PE RVU:** 2.51

RUC Recommendation: 3.19 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

12045 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 356

2007 Work RVU: 3.65 **2016 Work RVU:** 3.75
2007 NF PE RVU: 5.21 **2016 NF PE RVU:** 7.10
2007 Fac PE RVU: 2.23 **2016 Fac PE RVU:** 3.42

RUC Recommendation: 3.90 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

12046 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 82

2007 Work RVU: 4.26 **2016 Work RVU:** 4.30
2007 NF PE RVU: 6.28 **2016 NF PE RVU:** 8.27
2007 Fac PE RVU: 2.64 **2016 Fac PE RVU:** 3.62

RUC Recommendation: 4.60 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

12047 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 45

2007 Work RVU: 4.66 **2016 Work RVU:** 4.95
2007 NF PE RVU: 6.3 **2016 NF PE RVU:** 8.78
2007 Fac PE RVU: 2.95 **2016 Fac PE RVU:** 3.96

RUC Recommendation: 5.50 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

12051 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 58,343

2007 Work RVU: 2.49 **2016 Work RVU:** 2.33
2007 NF PE RVU: 3.48 **2016 NF PE RVU:** 4.65
2007 Fac PE RVU: 1.57 **2016 Fac PE RVU:** 2.26

RUC Recommendation: 2.33 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

12052 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 77,723

2007 Work RVU: 2.81 **2016 Work RVU:** 2.87
2007 NF PE RVU: 3.64 **2016 NF PE RVU:** 5.06
2007 Fac PE RVU: 1.72 **2016 Fac PE RVU:** 2.57

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

12053 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 9,027

2007 Work RVU: 3.14 **2016 Work RVU:** 3.17
2007 NF PE RVU: 3.77 **2016 NF PE RVU:** 6.16
2007 Fac PE RVU: 1.68 **2016 Fac PE RVU:** 2.62

RUC Recommendation: 3.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

12054 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 2,823

2007 Work RVU: 3.47 **2016 Work RVU:** 3.50
2007 NF PE RVU: 4.02 **2016 NF PE RVU:** 6.22
2007 Fac PE RVU: 1.74 **2016 Fac PE RVU:** 2.39

RUC Recommendation: 3.50 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

12055 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 387

2007 Work RVU: 4.44 **2016 Work RVU:** 4.50
2007 NF PE RVU: 4.87 **2016 NF PE RVU:** 8.11
2007 Fac PE RVU: 2.13 **2016 Fac PE RVU:** 3.61

RUC Recommendation: 4.65 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

12056 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 68

2007 Work RVU: 5.25 **2016 Work RVU:** 5.30
2007 NF PE RVU: 6.62 **2016 NF PE RVU:** 9.50
2007 Fac PE RVU: 2.89 **2016 Fac PE RVU:** 4.80

RUC Recommendation: 5.50 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

12057 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 23

2007 Work RVU: 5.97 **2016 Work RVU:** 6.00
2007 NF PE RVU: 6.47 **2016 NF PE RVU:** 8.92
2007 Fac PE RVU: 3.53 **2016 Fac PE RVU:** 4.61

RUC Recommendation: 6.28 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

13100 **Repair, complex, trunk; 1.1 cm to 2.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2014 Medicare Utilization:** 5,567

2007 Work RVU: 3.14 **2016 Work RVU:** 3.00
2007 NF PE RVU: 4.15 **2016 NF PE RVU:** 6.05
2007 Fac PE RVU: 2.35 **2016 Fac PE RVU:** 2.49

RUC Recommendation: 3.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

13101 **Repair, complex, trunk; 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2014 Medicare Utilization:** 75,899

2007 Work RVU: 3.93 **2016 Work RVU:** 3.50
2007 NF PE RVU: 4.99 **2016 NF PE RVU:** 7.21
2007 Fac PE RVU: 2.77 **2016 Fac PE RVU:** 3.28

RUC Recommendation: 3.50 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

13102 **Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2014 Medicare Utilization:** 19,825

2007 Work RVU: 1.24 **2016 Work RVU:** 1.24
2007 NF PE RVU: 1.22 **2016 NF PE RVU:** 2.02
2007 Fac PE RVU: 0.57 **2016 Fac PE RVU:** 0.70

RUC Recommendation: 1.24 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

13120 **Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2014 Medicare Utilization:** 9,421

2007 Work RVU: 3.32 **2016 Work RVU:** 3.23
2007 NF PE RVU: 4.26 **2016 NF PE RVU:** 6.23
2007 Fac PE RVU: 2.41 **2016 Fac PE RVU:** 3.09

RUC Recommendation: Refer to CPT Assistant. 3.23 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** 1st article: May 201

13121 **Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2014 Medicare Utilization:** 136,591

2007 Work RVU: 4.36 **2016 Work RVU:** 4.00
2007 NF PE RVU: 5.32 **2016 NF PE RVU:** 7.53
2007 Fac PE RVU: 3.02 **2016 Fac PE RVU:** 3.12

RUC Recommendation: Refer to CPT Assistant. 4.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** 1st article: May 201

13122 **Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2014 Medicare Utilization:** 21,127

2007 Work RVU: 1.44 **2016 Work RVU:** 1.44
2007 NF PE RVU: 1.48 **2016 NF PE RVU:** 2.12
2007 Fac PE RVU: 0.63 **2016 Fac PE RVU:** 0.80

RUC Recommendation: Refer to CPT Assistant. 1.44 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** 1st article: May 201

13131 **Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2014 Medicare Utilization:** 36,934

2007 Work RVU: 3.80 **2016 Work RVU:** 3.73
2007 NF PE RVU: 4.53 **2016 NF PE RVU:** 6.67
2007 Fac PE RVU: 2.74 **2016 Fac PE RVU:** 2.93

RUC Recommendation: 3.73 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

13132 **Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2014 Medicare Utilization:** 234,299

2007 Work RVU: 6.48 **2016 Work RVU:** 4.78
2007 NF PE RVU: 6.42 **2016 NF PE RVU:** 8.04
2007 Fac PE RVU: 4.38 **2016 Fac PE RVU:** 3.59

RUC Recommendation: 4.78 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

13133 **Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2014 Medicare Utilization:** 13,685

2007 Work RVU: 2.19 **2016 Work RVU:** 2.19
2007 NF PE RVU: 1.72 **2016 NF PE RVU:** 2.56
2007 Fac PE RVU: 1.02 **2016 Fac PE RVU:** 1.28

RUC Recommendation: 2.19 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

13150 **Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 3.82 **2016 Work RVU:**
2007 NF PE RVU: 4.83 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.76 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

13151 **Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2014 Medicare Utilization:** 32,839

2007 Work RVU: 4.46 **2016 Work RVU:** 4.34
2007 NF PE RVU: 4.99 **2016 NF PE RVU:** 7.02
2007 Fac PE RVU: 3.17 **2016 Fac PE RVU:** 3.31

RUC Recommendation: 4.34 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

13152 **Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm** **Global:** 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued with Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2014 Medicare Utilization:** 48,689

2007 Work RVU: 6.34 **2016 Work RVU:** 5.34
2007 NF PE RVU: 6.42 **2016 NF PE RVU:** 8.27
2007 Fac PE RVU: 4.03 **2016 Fac PE RVU:** 3.92

RUC Recommendation: 5.34 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

13153 **Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** **2014 Medicare Utilization:** 1,061

2007 Work RVU: 2.38 **2016 Work RVU:** 2.38
2007 NF PE RVU: 1.96 **2016 NF PE RVU:** 2.78
2007 Fac PE RVU: 1.11 **2016 Fac PE RVU:** 1.35

RUC Recommendation: 2.38 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

14000 **Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** April 2008 **2014 Medicare Utilization:** 8,822

2007 Work RVU: 6.83 **2016 Work RVU:** 6.37
2007 NF PE RVU: 8.14 **2016 NF PE RVU:** 10.31
2007 Fac PE RVU: 5.63 **2016 Fac PE RVU:** 7.04

RUC Recommendation: 6.19 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

14001 **Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** September 2007 **2014 Medicare Utilization:** 8,992

2007 Work RVU: 9.60 **2016 Work RVU:** 8.78
2007 NF PE RVU: 9.86 **2016 NF PE RVU:** 12.50
2007 Fac PE RVU: 7.22 **2016 Fac PE RVU:** 8.54

RUC Recommendation: 8.58 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

14020 **Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** April 2008 **2014 Medicare Utilization:** 20,195

2007 Work RVU: 7.66 **2016 Work RVU:** 7.22
2007 NF PE RVU: 8.98 **2016 NF PE RVU:** 11.50
2007 Fac PE RVU: 6.64 **2016 Fac PE RVU:** 8.01

RUC Recommendation: 7.02 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

14021 **Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2014 Medicare Utilization:** 18,557

2007 Work RVU: 11.18 **2016 Work RVU:** 9.72
2007 NF PE RVU: 10.63 **2016 NF PE RVU:** 13.61
2007 Fac PE RVU: 8.41 **2016 Fac PE RVU:** 9.49

RUC Recommendation: 9.52 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

14040 **Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2014 Medicare Utilization:** 72,944

2007 Work RVU: 8.44 **2016 Work RVU:** 8.60
2007 NF PE RVU: 9.17 **2016 NF PE RVU:** 11.86
2007 Fac PE RVU: 7.17 **2016 Fac PE RVU:** 8.36

RUC Recommendation: 8.44 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

14041 **Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm**

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2014 Medicare Utilization:** 42,648

2007 Work RVU: 12.67 **2016 Work RVU:** 10.83
2007 NF PE RVU: 11.37 **2016 NF PE RVU:** 14.45
2007 Fac PE RVU: 8.88 **2016 Fac PE RVU:** 9.99

RUC Recommendation: 10.63 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

14060 **Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less**

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2014 Medicare Utilization:** 91,822

2007 Work RVU: 9.07 **2016 Work RVU:** 9.23
2007 NF PE RVU: 9.02 **2016 NF PE RVU:** 11.58
2007 Fac PE RVU: 7.39 **2016 Fac PE RVU:** 8.83

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

14061 **Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm**

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2014 Medicare Utilization:** 27,721

2007 Work RVU: 13.67 **2016 Work RVU:** 11.48
2007 NF PE RVU: 12.45 **2016 NF PE RVU:** 15.74
2007 Fac PE RVU: 9.72 **2016 Fac PE RVU:** 10.82

RUC Recommendation: 11.25 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

14300 **Deleted from CPT**

Global: 090 **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2014 Medicare Utilization:**

2007 Work RVU: 13.26 **2016 Work RVU:**
2007 NF PE RVU: 11.77 **2016 NF PE RVU:**
2007 Fac PE RVU: 9.28 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

14301 **Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm**

Global: 090 **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2014 Medicare Utilization:** 28,486

2007 Work RVU: **2016 Work RVU:** 12.65
2007 NF PE RVU: **2016 NF PE RVU:** 16.12
2007 Fac PE RVU: **2016 Fac PE RVU:** 10.81

RUC Recommendation: 12.47 **CPT Action (if applicable):** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

14302 **Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2014 Medicare Utilization:** 25,888

2007 Work RVU: **2016 Work RVU:** 3.73
2007 NF PE RVU: **2016 NF PE RVU:** 2.05
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.05

RUC Recommendation: 3.73 **CPT Action (if applicable):** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15002 **Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2014 Medicare Utilization:** 18,686

2007 Work RVU: 3.65 **2016 Work RVU:** 3.65
2007 NF PE RVU: 4.12 **2016 NF PE RVU:** 5.67
2007 Fac PE RVU: 1.65 **2016 Fac PE RVU:** 2.29

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15004 **Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS, APMA **First Identified:** January 2014 **2014 Medicare Utilization:** 23,342

2007 Work RVU: 4.58 **2016 Work RVU:** 4.58
2007 NF PE RVU: 4.77 **2016 NF PE RVU:** 6.27
2007 Fac PE RVU: 1.97 **2016 Fac PE RVU:** 2.62

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

15100 **Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2014 Medicare Utilization:** 16,454

2007 Work RVU: 9.74 **2016 Work RVU:** 9.90
2007 NF PE RVU: 11.91 **2016 NF PE RVU:** 12.80
2007 Fac PE RVU: 7.57 **2016 Fac PE RVU:** 8.89

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

15120 **Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)**

Global: 090 **Issue:** Autograft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2014 Medicare Utilization:** 10,357

2007 Work RVU: 10.96 **2016 Work RVU:** 10.15
2007 NF PE RVU: 10.87 **2016 NF PE RVU:** 12.55
2007 Fac PE RVU: 7.71 **2016 Fac PE RVU:** 8.34

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15170 **Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children**

Global: 090 **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 5.99 **2016 Work RVU:**
2007 NF PE RVU: 3.79 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.37 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15171 **Acellular dermal replacement, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 1.55 **2016 Work RVU:**
2007 NF PE RVU: 0.68 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.6 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15175 **Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children**

Global: 090 **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2014 Medicare Utilization:**

2007 Work RVU: 7.99 **2016 Work RVU:**
2007 NF PE RVU: 5.4 **2016 NF PE RVU:**
2007 Fac PE RVU: 3.96 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15176 **Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 2.45 **2016 Work RVU:**
2007 NF PE RVU: 1.1 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.95 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15220 **Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less**

Global: 090 **Issue:** Skin Graft **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2014 Medicare Utilization:** 8,813

2007 Work RVU: 7.95 **2016 Work RVU:** 8.09
2007 NF PE RVU: 9.5 **2016 NF PE RVU:** 12.62
2007 Fac PE RVU: 6.69 **2016 Fac PE RVU:** 8.35

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

15240 **Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS, AAD **First Identified:** January 2014 **2014 Medicare Utilization:** 13,377

2007 Work RVU: 10.15 **2016 Work RVU:** 10.41
2007 NF PE RVU: 10.66 **2016 NF PE RVU:** 14.65
2007 Fac PE RVU: 8.2 **2016 Fac PE RVU:** 11.10

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15271 **Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area**

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2014 Medicare Utilization:** 64,237

2007 Work RVU: **2016 Work RVU:** 1.50
2007 NF PE RVU: **2016 NF PE RVU:** 2.29
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.73

RUC Recommendation: 1.50 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15272 **Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2014 Medicare Utilization:** 9,261

2007 Work RVU: **2016 Work RVU:** 0.33
2007 NF PE RVU: **2016 NF PE RVU:** 0.39
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.12

RUC Recommendation: 0.59 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15273 **Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children**

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2014 Medicare Utilization:** 4,355

2007 Work RVU: **2016 Work RVU:** 3.50
2007 NF PE RVU: **2016 NF PE RVU:** 4.32
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.69

RUC Recommendation: 3.50 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15274 **Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2014 Medicare Utilization:** 26,406

2007 Work RVU: **2016 Work RVU:** 0.80
2007 NF PE RVU: **2016 NF PE RVU:** 1.07
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.36

RUC Recommendation: 0.80 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15275 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area**

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2014 Medicare Utilization:** 74,677

2007 Work RVU: **2016 Work RVU:** 1.83
2007 NF PE RVU: **2016 NF PE RVU:** 2.22
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.74

RUC Recommendation: 1.83 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15276 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2014 Medicare Utilization:** 4,484

2007 Work RVU: **2016 Work RVU:** 0.50
2007 NF PE RVU: **2016 NF PE RVU:** 0.43
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.17

RUC Recommendation: 0.59 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15277 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children**

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2014 Medicare Utilization:** 1,450

2007 Work RVU: **2016 Work RVU:** 4.00
2007 NF PE RVU: **2016 NF PE RVU:** 4.55
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.85

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

15278 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2014 Medicare Utilization:** 2,636

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 1.24
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.46

RUC Recommendation: 1.00 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

15320 **Deleted from CPT**

Global: 090 **Issue:** Skin Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2014 Medicare Utilization:**

2007 Work RVU: 5.36 **2016 Work RVU:**
2007 NF PE RVU: 3.66 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.49 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15321 **Deleted from CPT**

Global: ZZZ **Issue:** Skin Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 1.50 **2016 Work RVU:**
2007 NF PE RVU: 0.69 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.57 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15330 **Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children**

Global: 090 **Issue:** Allograft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASPS **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 3.99 **2016 Work RVU:**
2007 NF PE RVU: 3.18 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.15 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15331 **Deleted from CPT**

Global: ZZZ **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 1.00 **2016 Work RVU:**
2007 NF PE RVU: 0.46 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.39 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15335 **Deleted from CPT**

Global: 090 **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** October 2009 **2014 Medicare Utilization:**

2007 Work RVU: 4.50 **2016 Work RVU:**
2007 NF PE RVU: 3.46 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.35 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15336 **Deleted from CPT** **Global:** ZZZ **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 1.43 **2016 Work RVU:**
2007 NF PE RVU: 0.7 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.55 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15360 **Deleted from CPT** **Global:** 090 **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 3.93 **2016 Work RVU:**
2007 NF PE RVU: 4.47 **2016 NF PE RVU:**
2007 Fac PE RVU: 3.13 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15361 **Deleted from CPT** **Global:** ZZZ **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 1.15 **2016 Work RVU:**
2007 NF PE RVU: 0.58 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.44 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15365 **Deleted from CPT** **Global:** 090 **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2014 Medicare Utilization:**

2007 Work RVU: 4.21 **2016 Work RVU:**
2007 NF PE RVU: 4.5 **2016 NF PE RVU:**
2007 Fac PE RVU: 3.2 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15366 **Deleted from CPT**

Global: ZZZ **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 1.45 **2016 Work RVU:**
2007 NF PE RVU: 0.7 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.56 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15400 **Deleted from CPT**

Global: 090 **Issue:** Xenograft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAO-HNS, ASPS **First Identified:** September 2007 **2014 Medicare Utilization:**

2007 Work RVU: 4.38 **2016 Work RVU:**
2007 NF PE RVU: 4.25 **2016 NF PE RVU:**
2007 Fac PE RVU: 3.95 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15401 **Deleted from CPT**

Global: ZZZ **Issue:** Xenograft **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACS, ASPS **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 1.00 **2016 Work RVU:**
2007 NF PE RVU: 1.67 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.42 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

15420 **Deleted from CPT**

Global: 090 **Issue:** Xenograft Skin **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** October 2009 **2014 Medicare Utilization:**

2007 Work RVU: 4.89 **2016 Work RVU:**
2007 NF PE RVU: 4.86 **2016 NF PE RVU:**
2007 Fac PE RVU: 3.83 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15421 **Deleted from CPT** **Global:** ZZZ **Issue:** Xenograft Skin **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 1.50 **2016 Work RVU:**
2007 NF PE RVU: 1.29 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.6 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

15570 **Formation of direct or tubed pedicle, with or without transfer; trunk** **Global:** 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** September 2007 **2014 Medicare Utilization:** 458

2007 Work RVU: 10.00 **2016 Work RVU:** 10.21
2007 NF PE RVU: 11.09 **2016 NF PE RVU:** 14.21
2007 Fac PE RVU: 6.71 **2016 Fac PE RVU:** 9.28

RUC Recommendation: 10.00 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

15572 **Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs** **Global:** 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** April 2008 **2014 Medicare Utilization:** 705

2007 Work RVU: 9.94 **2016 Work RVU:** 10.12
2007 NF PE RVU: 9.59 **2016 NF PE RVU:** 13.63
2007 Fac PE RVU: 6.53 **2016 Fac PE RVU:** 9.77

RUC Recommendation: 9.94 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

15574 **Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet** **Global:** 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2014 Medicare Utilization:** 2,067

2007 Work RVU: 10.52 **2016 Work RVU:** 10.70
2007 NF PE RVU: 10.64 **2016 NF PE RVU:** 13.76
2007 Fac PE RVU: 7.6 **2016 Fac PE RVU:** 9.77

RUC Recommendation: 10.52 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15576 **Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2014 Medicare Utilization:** 3,804

2007 Work RVU: 9.24 **2016 Work RVU:** 9.37
2007 NF PE RVU: 9.74 **2016 NF PE RVU:** 12.31
2007 Fac PE RVU: 6.81 **2016 Fac PE RVU:** 8.62

RUC Recommendation: 9.24 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

15732 **Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)**

Global: 090 **Issue:** RAW **Screen:** Site of Service Anomaly / High Level E/M in Global Period. **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2014 Medicare Utilization:** 12,760

2007 Work RVU: 19.70 **2016 Work RVU:** 16.38
2007 NF PE RVU: 17.27 **2016 NF PE RVU:** 18.29
2007 Fac PE RVU: 12.01 **2016 Fac PE RVU:** 13.67

RUC Recommendation: Survey for April 2016 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15734 **Muscle, myocutaneous, or fasciocutaneous flap; trunk**

Global: 090 **Issue:** RAW **Screen:** High Level E/M in Global Period **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 23,069

2007 Work RVU: 19.62 **2016 Work RVU:** 19.86
2007 NF PE RVU: 17.58 **2016 NF PE RVU:** 19.48
2007 Fac PE RVU: 12.32 **2016 Fac PE RVU:** 14.41

RUC Recommendation: Survey for April 2016 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15736 **Muscle, myocutaneous, or fasciocutaneous flap; upper extremity**

Global: 090 **Issue:** RAW **Screen:** High Level E/M in Global Period **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: January 2016 **2014 Medicare Utilization:** 1,402

2007 Work RVU: 16.92 **2016 Work RVU:** 17.04
2007 NF PE RVU: 17.17 **2016 NF PE RVU:** 17.94
2007 Fac PE RVU: 10.96 **2016 Fac PE RVU:** 12.93

RUC Recommendation: Survey for April 2016

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

15738 **Muscle, myocutaneous, or fasciocutaneous flap; lower extremity**

Global: 090 **Issue:** RAW **Screen:** High Level E/M in Global Period **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: January 2016 **2014 Medicare Utilization:** 5,771

2007 Work RVU: 18.92 **2016 Work RVU:** 19.04
2007 NF PE RVU: 17.04 **2016 NF PE RVU:** 17.85
2007 Fac PE RVU: 11.45 **2016 Fac PE RVU:** 13.15

RUC Recommendation: Survey for April 2016

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

15740 **Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel**

Global: 090 **Issue:** Dermatology and Plastic Surgery Procedures **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 28 **Specialty Developing Recommendation:** AAD, ASPS

First Identified: September 2007 **2014 Medicare Utilization:** 2,234

2007 Work RVU: 11.57 **2016 Work RVU:** 11.80
2007 NF PE RVU: 11.01 **2016 NF PE RVU:** 15.55
2007 Fac PE RVU: 8.58 **2016 Fac PE RVU:** 11.07

RUC Recommendation: 11.57

CPT Action (if applicable): February 2009 & February 2012

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15777 **Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2014 Medicare Utilization:** 8,671

2007 Work RVU: **2016 Work RVU:** 3.65
2007 NF PE RVU: **2016 NF PE RVU:** 1.87
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.87

RUC Recommendation: 3.65 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

15823 **Blepharoplasty, upper eyelid; with excessive skin weighting down lid**

Global: 090 **Issue:** Upper Eyelid Blepharoplasty **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 33 **Specialty Developing Recommendation:** AAO **First Identified:** October 2009 **2014 Medicare Utilization:** 95,764

2007 Work RVU: 8.12 **2016 Work RVU:** 6.81
2007 NF PE RVU: 7.8 **2016 NF PE RVU:** 9.88
2007 Fac PE RVU: 6.41 **2016 Fac PE RVU:** 8.11

RUC Recommendation: 6.81 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

16020 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2014 Medicare Utilization:** 17,614

2007 Work RVU: 0.80 **2016 Work RVU:** 0.71
2007 NF PE RVU: 1.25 **2016 NF PE RVU:** 1.51
2007 Fac PE RVU: 0.58 **2016 Fac PE RVU:** 0.75

RUC Recommendation: 0.80 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

16025 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2014 Medicare Utilization:** 2,076

2007 Work RVU: 1.85 **2016 Work RVU:** 1.74
2007 NF PE RVU: 1.72 **2016 NF PE RVU:** 2.21
2007 Fac PE RVU: 0.94 **2016 Fac PE RVU:** 1.21

RUC Recommendation: 1.85 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

16030 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** February 2010 **2014 Medicare Utilization:** 1,073

2007 Work RVU: 2.08 **2016 Work RVU:** 2.08
2007 NF PE RVU: 2.12 **2016 NF PE RVU:** 2.87
2007 Fac PE RVU: 1.08 **2016 Fac PE RVU:** 1.44

RUC Recommendation: CPT Assistant article published. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2012

17000 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2014 Medicare Utilization:** 5,377,355

2007 Work RVU: 0.62 **2016 Work RVU:** 0.61
2007 NF PE RVU: 1.08 **2016 NF PE RVU:** 1.19
2007 Fac PE RVU: 0.59 **2016 Fac PE RVU:** 0.82

RUC Recommendation: 0.61 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17003 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)**

Global: ZZZ **Issue:** Destruction of Premalignant Lesions **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2014 Medicare Utilization:** 17,459,218

2007 Work RVU: 0.07 **2016 Work RVU:** 0.04
2007 NF PE RVU: 0.11 **2016 NF PE RVU:** 0.11
2007 Fac PE RVU: 0.06 **2016 Fac PE RVU:** 0.02

RUC Recommendation: 0.04 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

17004 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2014 Medicare Utilization:** 778,256

2007 Work RVU: 1.82 **2016 Work RVU:** 1.37
2007 NF PE RVU: 2.33 **2016 NF PE RVU:** 2.69
2007 Fac PE RVU: 1.54 **2016 Fac PE RVU:** 1.29

RUC Recommendation: 1.37 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

17106 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2014 Medicare Utilization:** 2,793

2007 Work RVU: 4.62 **2016 Work RVU:** 3.69
2007 NF PE RVU: 4.63 **2016 NF PE RVU:** 5.50
2007 Fac PE RVU: 3.33 **2016 Fac PE RVU:** 3.70

RUC Recommendation: 3.61 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17107 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm** **Global:** 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2014 Medicare Utilization:** 1,166

2007 Work RVU: 9.19 **2016 Work RVU:** 4.79
2007 NF PE RVU: 7.24 **2016 NF PE RVU:** 6.87
2007 Fac PE RVU: 5.41 **2016 Fac PE RVU:** 4.49

RUC Recommendation: 4.68 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

17108 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm** **Global:** 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2014 Medicare Utilization:** 3,150

2007 Work RVU: 13.22 **2016 Work RVU:** 7.49
2007 NF PE RVU: 9.34 **2016 NF PE RVU:** 9.55
2007 Fac PE RVU: 7.49 **2016 Fac PE RVU:** 6.47

RUC Recommendation: 6.37 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

17110 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions** **Global:** 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2014 Medicare Utilization:** 1,825,900

2007 Work RVU: 0.67 **2016 Work RVU:** 0.70
2007 NF PE RVU: 1.66 **2016 NF PE RVU:** 2.35
2007 Fac PE RVU: 0.74 **2016 Fac PE RVU:** 1.21

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17111 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013

2014 Medicare Utilization: 92,043

2007 Work RVU: 0.94 **2016 Work RVU:** 0.97
2007 NF PE RVU: 1.83 **2016 NF PE RVU:** 2.62
2007 Fac PE RVU: 0.89 **2016 Fac PE RVU:** 1.36

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

17250 **Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)**

Global: 000 **Issue:** RAW **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015

2014 Medicare Utilization: 149,288

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 1.25 **2016 NF PE RVU:** 1.68
2007 Fac PE RVU: 0.35 **2016 Fac PE RVU:** 0.49

RUC Recommendation: Refer to CPT Editorial Panel and CPT Assistant.

CPT Action (if applicable): October 2016

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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17261 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP

First Identified: October 2009

2014 Medicare Utilization: 132,906

2007 Work RVU: 1.19 **2016 Work RVU:** 1.22
2007 NF PE RVU: 1.84 **2016 NF PE RVU:** 2.67
2007 Fac PE RVU: 0.9 **2016 Fac PE RVU:** 1.23

RUC Recommendation: 1.22

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17262 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2014 Medicare Utilization:** 244,902

2007 Work RVU: 1.60 **2016 Work RVU:** 1.63
2007 NF PE RVU: 2.13 **2016 NF PE RVU:** 3.09
2007 Fac PE RVU: 1.09 **2016 Fac PE RVU:** 1.48

RUC Recommendation: 1.63 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

17271 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2014 Medicare Utilization:** 55,520

2007 Work RVU: 1.51 **2016 Work RVU:** 1.54
2007 NF PE RVU: 2 **2016 NF PE RVU:** 2.86
2007 Fac PE RVU: 1.05 **2016 Fac PE RVU:** 1.42

RUC Recommendation: 1.54 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

17272 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2014 Medicare Utilization:** 81,235

2007 Work RVU: 1.79 **2016 Work RVU:** 1.82
2007 NF PE RVU: 2.24 **2016 NF PE RVU:** 3.19
2007 Fac PE RVU: 1.18 **2016 Fac PE RVU:** 1.60

RUC Recommendation: 1.82 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17281 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2014 Medicare Utilization:** 111,551

2007 Work RVU: 1.74 **2016 Work RVU:** 1.77
2007 NF PE RVU: 2.12 **2016 NF PE RVU:** 3.01
2007 Fac PE RVU: 1.16 **2016 Fac PE RVU:** 1.56

RUC Recommendation: 1.77 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

17282 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2014 Medicare Utilization:** 104,998

2007 Work RVU: 2.06 **2016 Work RVU:** 2.09
2007 NF PE RVU: 2.41 **2016 NF PE RVU:** 3.40
2007 Fac PE RVU: 1.31 **2016 Fac PE RVU:** 1.76

RUC Recommendation: 2.09 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

17311 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks**

Global: 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2014 Medicare Utilization:** 631,542

2007 Work RVU: 6.20 **2016 Work RVU:** 6.20
2007 NF PE RVU: 10.79 **2016 NF PE RVU:** 11.64
2007 Fac PE RVU: 3.16 **2016 Fac PE RVU:** 3.78

RUC Recommendation: 6.20 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17312 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2014 Medicare Utilization:** 455,043

2007 Work RVU: 3.30 **2016 Work RVU:** 3.30
2007 NF PE RVU: 6.92 **2016 NF PE RVU:** 7.22
2007 Fac PE RVU: 1.68 **2016 Fac PE RVU:** 2.02

RUC Recommendation: 3.30 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

17313 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks**

Global: 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2014 Medicare Utilization:** 91,662

2007 Work RVU: 5.56 **2016 Work RVU:** 5.56
2007 NF PE RVU: 9.95 **2016 NF PE RVU:** 11.16
2007 Fac PE RVU: 2.83 **2016 Fac PE RVU:** 3.39

RUC Recommendation: 5.56 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

17314 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2014 Medicare Utilization:** 45,925

2007 Work RVU: 3.06 **2016 Work RVU:** 3.06
2007 NF PE RVU: 6.41 **2016 NF PE RVU:** 7.06
2007 Fac PE RVU: 1.55 **2016 Fac PE RVU:** 1.87

RUC Recommendation: 3.06 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17315 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2014 Medicare Utilization:** 20,152

2007 Work RVU: 0.87 **2016 Work RVU:** 0.87
2007 NF PE RVU: 1.15 **2016 NF PE RVU:** 1.27
2007 Fac PE RVU: 0.44 **2016 Fac PE RVU:** 0.53

RUC Recommendation: 0.87 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

19020 **Mastotomy with exploration or drainage of abscess, deep**

Global: 090 **Issue:** Mastotomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,993

2007 Work RVU: 3.74 **2016 Work RVU:** 3.83
2007 NF PE RVU: 6.39 **2016 NF PE RVU:** 8.75
2007 Fac PE RVU: 2.76 **2016 Fac PE RVU:** 4.08

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

19081 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2014 Medicare Utilization:** 59,800

2007 Work RVU: **2016 Work RVU:** 3.29
2007 NF PE RVU: **2016 NF PE RVU:** 15.99
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.21

RUC Recommendation: 3.29 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19082 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2014 Medicare Utilization:** 4,092

2007 Work RVU: **2016 Work RVU:** 1.65
2007 NF PE RVU: **2016 NF PE RVU:** 14.41
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.61

RUC Recommendation: 1.65 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19083 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2014 Medicare Utilization:** 105,205

2007 Work RVU: **2016 Work RVU:** 3.10
2007 NF PE RVU: **2016 NF PE RVU:** 15.58
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.15

RUC Recommendation: 3.10 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19084 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2014 Medicare Utilization:** 11,286

2007 Work RVU: **2016 Work RVU:** 1.55
2007 NF PE RVU: **2016 NF PE RVU:** 13.91
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.57

RUC Recommendation: 1.55 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19085 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2014 Medicare Utilization:** 4,223

2007 Work RVU: **2016 Work RVU:** 3.64
2007 NF PE RVU: **2016 NF PE RVU:** 25.17
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.35

RUC Recommendation: 3.64 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19086 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2014 Medicare Utilization:** 727

2007 Work RVU: **2016 Work RVU:** 1.82
2007 NF PE RVU: **2016 NF PE RVU:** 21.14
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.68

RUC Recommendation: 1.82 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19102 **Biopsy of breast; percutaneous, needle core, using imaging guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2014 Medicare Utilization:**

2007 Work RVU: 2.00 **2016 Work RVU:**
2007 NF PE RVU: 3.68 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.64 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19103 **Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2014 Medicare Utilization:**

2007 Work RVU: 3.69 **2016 Work RVU:**
2007 NF PE RVU: 11.01 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.18 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

19281 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2014 Medicare Utilization:** 30,754

2007 Work RVU: **2016 Work RVU:** 2.00
2007 NF PE RVU: **2016 NF PE RVU:** 4.60
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.74

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

19282 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2014 Medicare Utilization:** 2,350

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 3.65
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.37

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19283 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2014 Medicare Utilization:** 4,038

2007 Work RVU: **2016 Work RVU:** 2.00
2007 NF PE RVU: **2016 NF PE RVU:** 5.43
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.74

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19284 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2014 Medicare Utilization:** 386

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 4.64
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.37

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19285 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2014 Medicare Utilization:** 18,449

2007 Work RVU: **2016 Work RVU:** 1.70
2007 NF PE RVU: **2016 NF PE RVU:** 12.72
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.63

RUC Recommendation: 1.70 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19286 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2014 Medicare Utilization:** 1,252

2007 Work RVU: **2016 Work RVU:** 0.85
2007 NF PE RVU: **2016 NF PE RVU:** 11.87
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.31

RUC Recommendation: 0.85 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19287 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2014 Medicare Utilization:** 320

2007 Work RVU: **2016 Work RVU:** 2.55
2007 NF PE RVU: **2016 NF PE RVU:** 21.58
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.95

RUC Recommendation: 3.02 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

19288 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2014 Medicare Utilization:** 62

2007 Work RVU: **2016 Work RVU:** 1.28
2007 NF PE RVU: **2016 NF PE RVU:** 18.27
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.48

RUC Recommendation: 1.51 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19290 **Preoperative placement of needle localization wire, breast;** **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2014 Medicare Utilization:**

2007 Work RVU: 1.27 **2016 Work RVU:**
2007 NF PE RVU: 2.81 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.41 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

19291 **Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2014 Medicare Utilization:**

2007 Work RVU: 0.63 **2016 Work RVU:**
2007 NF PE RVU: 1.17 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.2 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

19295 **Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** October 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 2.57 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.02 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19303 **Mastectomy, simple, complete**

Global: 090 **Issue:** RAW **Screen:** Site of Service Anomaly - 2015 / High Level E/M in Global Period **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 24,292

2007 Work RVU: 15.67 **2016 Work RVU:** 15.85
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.52 **2016 Fac PE RVU:** 9.53

RUC Recommendation: Survey **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

19318 **Reduction mammaplasty**

Global: 090 **Issue:** Mammaplasty **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2014 Medicare Utilization:** 7,328

2007 Work RVU: 15.91 **2016 Work RVU:** 16.03
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.94 **2016 Fac PE RVU:** 13.20

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

19340 **Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction**

Global: 090 **Issue:** Insertion of Breast Prosthesis **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 10 **Specialty Developing Recommendation:** ASPS **First Identified:** **2014 Medicare Utilization:** 3,843

2007 Work RVU: 6.32 **2016 Work RVU:** 13.99
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.07 **2016 Fac PE RVU:** 12.71

RUC Recommendation: 13.99 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19357 **Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion**

Global: 090 **Issue:** Breast Reconstruction **Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2014 Medicare Utilization:** 7,747

2007 Work RVU: 20.57 **2016 Work RVU:** 18.50
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 15.69 **2016 Fac PE RVU:** 21.97

RUC Recommendation: 18.50 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

20000 **Deleted from CPT**

Global: 010 **Issue:** Incision of Abcess **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:**

2007 Work RVU: 2.14 **2016 Work RVU:**
2007 NF PE RVU: 2.71 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.68 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

20005 **Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)**

Global: 010 **Issue:** Incision of Deep Abscess **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2014 Medicare Utilization:** 4,596

2007 Work RVU: 3.55 **2016 Work RVU:** 3.58
2007 NF PE RVU: 3.54 **2016 NF PE RVU:** 4.69
2007 Fac PE RVU: 2.2 **2016 Fac PE RVU:** 2.57

RUC Recommendation: 3.55 **CPT Action (if applicable):** June 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20240 **Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)**

Global: 010 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 04 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** April 2014 **2014 Medicare Utilization:** 3,165

2007 Work RVU: 3.25 **2016 Work RVU:** 2.61
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.44 **2016 Fac PE RVU:** 1.48

RUC Recommendation: 3.73 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

20245 **Biopsy, bone, open; deep (eg, humerus, ischium, femur)**

Global: 010 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 04 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2014 Medicare Utilization:** 3,550

2007 Work RVU: 8.77 **2016 Work RVU:** 8.95
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.38 **2016 Fac PE RVU:** 4.42

RUC Recommendation: 6.50 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

20525 **Removal of foreign body in muscle or tendon sheath; deep or complicated**

Global: 010 **Issue:** Removal of Foreign Body **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,886

2007 Work RVU: 3.51 **2016 Work RVU:** 3.54
2007 NF PE RVU: 8.62 **2016 NF PE RVU:** 9.59
2007 Fac PE RVU: 2.52 **2016 Fac PE RVU:** 3.00

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20550 **Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")** **Global:** 000 **Issue:** Injection of Tendon **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 27 **Specialty Developing Recommendation:** AAOS, AAPM&R, ACRh, APMA, ASSH **First Identified:** October 2008 **2014 Medicare Utilization:** 803,728

2007 Work RVU: 0.75 **2016 Work RVU:** 0.75
2007 NF PE RVU: 0.69 **2016 NF PE RVU:** 0.84
2007 Fac PE RVU: 0.25 **2016 Fac PE RVU:** 0.36

RUC Recommendation: 0.75 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

20551 **Injection(s); single tendon origin/insertion** **Global:** 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** APMA, AAPM, AAOS **First Identified:** October 2008 **2014 Medicare Utilization:** 179,151

2007 Work RVU: 0.75 **2016 Work RVU:** 0.75
2007 NF PE RVU: 0.67 **2016 NF PE RVU:** 0.89
2007 Fac PE RVU: 0.32 **2016 Fac PE RVU:** 0.39

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

20552 **Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)** **Global:** 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2014 Medicare Utilization:** 344,069

2007 Work RVU: 0.66 **2016 Work RVU:** 0.66
2007 NF PE RVU: 0.69 **2016 NF PE RVU:** 0.84
2007 Fac PE RVU: 0.21 **2016 Fac PE RVU:** 0.36

RUC Recommendation: 0.66 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20553 **Injection(s); single or multiple trigger point(s), 3 or more muscles** **Global:** 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2014 Medicare Utilization:** 271,815

2007 Work RVU: 0.75 **2016 Work RVU:** 0.75
2007 NF PE RVU: 0.78 **2016 NF PE RVU:** 0.98
2007 Fac PE RVU: 0.23 **2016 Fac PE RVU:** 0.41

RUC Recommendation: 0.75 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

20600 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance** **Global:** 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2014 Medicare Utilization:** 427,368

2007 Work RVU: 0.66 **2016 Work RVU:** 0.66
2007 NF PE RVU: 0.66 **2016 NF PE RVU:** 0.63
2007 Fac PE RVU: 0.34 **2016 Fac PE RVU:** 0.29

RUC Recommendation: 0.66 and new PE inputs **CPT Action (if applicable):** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

20604 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting** **Global:** 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.89
2007 NF PE RVU: **2016 NF PE RVU:** 1.07
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.33

RUC Recommendation: 0.89 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20605 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** October 2009 **2014 Medicare Utilization:** 520,364

2007 Work RVU: 0.68 **2016 Work RVU:** 0.68
2007 NF PE RVU: 0.76 **2016 NF PE RVU:** 0.67
2007 Fac PE RVU: 0.35 **2016 Fac PE RVU:** 0.31

RUC Recommendation: 0.68 and new PE inputs **CPT Action (if applicable):** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

20606 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 1.16
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.40

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

20610 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2014 Medicare Utilization:** 7,005,915

2007 Work RVU: 0.79 **2016 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2016 NF PE RVU:** 0.81
2007 Fac PE RVU: 0.42 **2016 Fac PE RVU:** 0.42

RUC Recommendation: 0.79 and new PE inputs **CPT Action (if applicable):** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20611 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.10
2007 NF PE RVU: **2016 NF PE RVU:** 1.35
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.51

RUC Recommendation: 1.10 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

20680 **Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** January 2014 **2014 Medicare Utilization:** 55,036

2007 Work RVU: 5.90 **2016 Work RVU:** 5.96
2007 NF PE RVU: 8.63 **2016 NF PE RVU:** 10.76
2007 Fac PE RVU: 3.82 **2016 Fac PE RVU:** 5.24

RUC Recommendation: 5.96 and adjustments to pre-service time package 3. **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20692 **Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2014 Medicare Utilization:** 2,648

2007 Work RVU: 6.40 **2016 Work RVU:** 16.27
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.65 **2016 Fac PE RVU:** 13.18

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20694 **Removal, under anesthesia, of external fixation system**

Global: 090 **Issue:** External Fixation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 5,828

2007 Work RVU: 4.20 **2016 Work RVU:** 4.28
2007 NF PE RVU: 6.69 **2016 NF PE RVU:** 7.08
2007 Fac PE RVU: 3.92 **2016 Fac PE RVU:** 4.64

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20900 **Bone graft, any donor area; minor or small (eg, dowel or button)** **Global:** 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 3,822

2007 Work RVU: 5.77 **2016 Work RVU:** 3.00
2007 NF PE RVU: 8.65 **2016 NF PE RVU:** 8.42
2007 Fac PE RVU: 5.5 **2016 Fac PE RVU:** 1.95

RUC Recommendation: 3.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

20902 **Bone graft, any donor area; major or large** **Global:** 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** April 2008 **2014 Medicare Utilization:** 4,074

2007 Work RVU: 7.98 **2016 Work RVU:** 4.58
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.63 **2016 Fac PE RVU:** 2.82

RUC Recommendation: 4.58 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

20926 **Tissue grafts, other (eg, paratenon, fat, dermis)** **Global:** 090 **Issue:** Tissue Grafts **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAOS, AAO-HNS, AANS **First Identified:** October 2008 **2014 Medicare Utilization:** 12,367

2007 Work RVU: 5.70 **2016 Work RVU:** 5.79
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.67 **2016 Fac PE RVU:** 5.44

RUC Recommendation: Remove from screen **CPT Action (if applicable):** October 2009 **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

21015 **Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS, AAO-HNS, ASPS **First Identified:** September 2007 **2014 Medicare Utilization:** 948

2007 Work RVU: 5.59 **2016 Work RVU:** 9.89
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.85 **2016 Fac PE RVU:** 8.84

RUC Recommendation: 9.71 **CPT Action (if applicable):** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

21025 **Excision of bone (eg, for osteomyelitis or bone abscess); mandible** **Global:** 090 **Issue:** Excision of Bone – Mandible **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 61 **Specialty Developing Recommendation:** AAOMS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,791

2007 Work RVU: 11.07 **2016 Work RVU:** 10.03
2007 NF PE RVU: 12.32 **2016 NF PE RVU:** 14.24
2007 Fac PE RVU: 9.21 **2016 Fac PE RVU:** 10.25

RUC Recommendation: 10.03 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

21495 **Open treatment of hyoid fracture** **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 1

2007 Work RVU: 6.55 **2016 Work RVU:** 6.79
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.73 **2016 Fac PE RVU:** 12.63

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

21557 **Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 778

2007 Work RVU: 8.91 **2016 Work RVU:** 14.75
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.13 **2016 Fac PE RVU:** 10.06

RUC Recommendation: 14.57 **CPT Action (if applicable):** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

21800 **Closed treatment of rib fracture, uncomplicated, each** **Global:** 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** July 2013 **2014 Medicare Utilization:** 41,806

2007 Work RVU: 0.98 **2016 Work RVU:**
2007 NF PE RVU: 1.34 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.34 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

21805 **Open treatment of rib fracture without fixation, each**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2014 Medicare Utilization:** 148

2007 Work RVU: 2.80 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.28 **2016 Fac PE RVU:**

RUC Recommendation: Referred to CPT for deletion **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

21810 **Treatment of rib fracture requiring external fixation (flail chest)**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2014 Medicare Utilization:** 86

2007 Work RVU: 6.92 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 5.03 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

21811 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 10.79
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.44

RUC Recommendation: 19.55 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

21812 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 13.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 5.23

RUC Recommendation: 25.00 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

21813 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 17.61
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 6.27

RUC Recommendation: 35.00

CPT Action (if applicable): October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

21820 **Closed treatment of sternum fracture**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 / Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014 **2014 Medicare Utilization:** 363

2007 Work RVU: 1.31 **2016 Work RVU:** 1.36
2007 NF PE RVU: 1.82 **2016 NF PE RVU:** 2.41
2007 Fac PE RVU: 1.77 **2016 Fac PE RVU:** 2.51

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee

CPT Action (if applicable): October 2013 **Result:** Remove from screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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21825 **Open treatment of sternum fracture with or without skeletal fixation**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014 **2014 Medicare Utilization:** 947

2007 Work RVU: 7.65 **2016 Work RVU:** 7.76
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.16 **2016 Fac PE RVU:** 6.20

RUC Recommendation: Unrelated to the family

CPT Action (if applicable): October 2013 **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

21935 **Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm**

Global: 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 437

2007 Work RVU: 18.38 **2016 Work RVU:** 15.72
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.37 **2016 Fac PE RVU:** 10.52

RUC Recommendation: 15.54 **CPT Action (if applicable):** June 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22214 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2014 Medicare Utilization:** 3,712

2007 Work RVU: 20.77 **2016 Work RVU:** 21.02
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 13.53 **2016 Fac PE RVU:** 16.62

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

22305 **Closed treatment of vertebral process fracture(s)**

Global: 090 **Issue:** Closed treatment of vertebral process fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 23 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** July 2013 **2014 Medicare Utilization:** 2,791

2007 Work RVU: 2.08 **2016 Work RVU:** 2.13
2007 NF PE RVU: 2.27 **2016 NF PE RVU:** 2.96
2007 Fac PE RVU: 1.89 **2016 Fac PE RVU:** 2.46

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** May 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22510 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 8.15
2007 NF PE RVU: **2016 NF PE RVU:** 41.19
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.94

RUC Recommendation: 8.15 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22511 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 7.58
2007 NF PE RVU: **2016 NF PE RVU:** 41.31
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.76

RUC Recommendation: 8.05 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22512 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.00
2007 NF PE RVU: **2016 NF PE RVU:** 23.35
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.50

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22513 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 8.90
2007 NF PE RVU: **2016 NF PE RVU:** 198.81
2007 Fac PE RVU: **2016 Fac PE RVU:** 5.01

RUC Recommendation: 8.90 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22514 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 8.24
2007 NF PE RVU: **2016 NF PE RVU:** 199.38
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.75

RUC Recommendation: 8.24 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22515 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.00
2007 NF PE RVU: **2016 NF PE RVU:** 121.92
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.76

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22520 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** February 2009 **2014 Medicare Utilization:** 5,838

2007 Work RVU: 9.17 **2016 Work RVU:**
2007 NF PE RVU: 56.83 **2016 NF PE RVU:**
2007 Fac PE RVU: 4.84 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22521 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2007 **2014 Medicare Utilization:** 6,056

2007 Work RVU: 8.60 **2016 Work RVU:**
2007 NF PE RVU: 52.87 **2016 NF PE RVU:**
2007 Fac PE RVU: 4.69 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22522 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** **2014 Medicare Utilization:** 2,832

2007 Work RVU: 4.30 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.59 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22523 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2014 Medicare Utilization:** 22,219

2007 Work RVU: 9.21 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 5.6 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22524 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2014 Medicare Utilization:** 26,234

2007 Work RVU: 8.81 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 5.4 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22525 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2014 Medicare Utilization:** 12,091

2007 Work RVU: 4.47 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 2.12 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22533 **Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Arthrodesis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2014 Medicare Utilization:** 1,211

2007 Work RVU: 24.61 **2016 Work RVU:** 24.79
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 13.57 **2016 Fac PE RVU:** 17.43

RUC Recommendation: Remove from screen. CPT Assistant article published.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

22551 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2014 Medicare Utilization:** 35,145

2007 Work RVU: **2016 Work RVU:** 25.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 16.94

RUC Recommendation: 24.50

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22552 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2014 Medicare Utilization:** 29,030

2007 Work RVU: **2016 Work RVU:** 6.50
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.12

RUC Recommendation: 6.50

CPT Action (if applicable): October 2009

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22554 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2014 Medicare Utilization:** 6,015

2007 Work RVU: 17.54 **2016 Work RVU:** 17.69
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.97 **2016 Fac PE RVU:** 13.44

RUC Recommendation: 17.69 **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

22558 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** High Volume Growth2 / Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2014 Medicare Utilization:** 14,039

2007 Work RVU: 23.33 **2016 Work RVU:** 23.53
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.86 **2016 Fac PE RVU:** 15.36

RUC Recommendation: Refer to CPT for bundling **CPT Action (if applicable):** May 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

22585 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2014 Medicare Utilization:** 15,178

2007 Work RVU: 5.52 **2016 Work RVU:** 5.52
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.62 **2016 Fac PE RVU:** 2.59

RUC Recommendation: Remove from screen **CPT Action (if applicable):** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22612 **Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2014 Medicare Utilization:** 43,166

2007 Work RVU: 23.38 **2016 Work RVU:** 23.53
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 13.83 **2016 Fac PE RVU:** 16.32

RUC Recommendation: Review utilization data October 2015. 23.53. Maintain work RVU and adjust the times from pre-time package 4.

CPT Action (if applicable): October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

22614 **Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2014 Medicare Utilization:** 109,197

2007 Work RVU: 6.43 **2016 Work RVU:** 6.43
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.15 **2016 Fac PE RVU:** 3.13

RUC Recommendation: 6.43

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

22630 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2014 Medicare Utilization:** 6,742

2007 Work RVU: 21.89 **2016 Work RVU:** 22.09
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 13.39 **2016 Fac PE RVU:** 16.40

RUC Recommendation: 22.09

CPT Action (if applicable): October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22632 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2014 Medicare Utilization:** 2,400

2007 Work RVU: 5.22 **2016 Work RVU:** 5.22
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.51 **2016 Fac PE RVU:** 2.51

RUC Recommendation: 5.22 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22633 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2014 Medicare Utilization:** 32,251

2007 Work RVU: **2016 Work RVU:** 27.75
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 18.21

RUC Recommendation: 27.75 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22634 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2014 Medicare Utilization:** 12,055

2007 Work RVU: **2016 Work RVU:** 8.16
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.96

RUC Recommendation: 8.16 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22843 **Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spine Fixation Device **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** AAOS, NASS, AANS **First Identified:** October 2008 **2014 Medicare Utilization:** 6,214

2007 Work RVU: 13.44 **2016 Work RVU:** 13.44
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.28 **2016 Fac PE RVU:** 6.59

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

22849 **Reinsertion of spinal fixation device**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2014 Medicare Utilization:** 4,259

2007 Work RVU: 19.08 **2016 Work RVU:** 19.17
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.39 **2016 Fac PE RVU:** 13.31

RUC Recommendation: Maintain **CPT Action (if applicable):** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

22851 **Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS Fastest Growing / High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** October 2008 **2014 Medicare Utilization:** 119,971

2007 Work RVU: 6.70 **2016 Work RVU:** 6.70
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.18 **2016 Fac PE RVU:** 3.23

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

228X1

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 4.88 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

228X2

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 5.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

228X3

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 6.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22900 **Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 881

2007 Work RVU: 6.14 **2016 Work RVU:** 8.32
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.3 **2016 Fac PE RVU:** 6.09

RUC Recommendation: 8.21 **CPT Action (if applicable):** June 2008 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

23076 **Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 730

2007 Work RVU: 7.77 **2016 Work RVU:** 7.41
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.5 **2016 Fac PE RVU:** 6.54

RUC Recommendation: 7.28 **CPT Action (if applicable):** June 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

23120 **Claviculectomy; partial**

Global: 090 **Issue:** Claviculectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 30 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 9,701

2007 Work RVU: 7.23 **2016 Work RVU:** 7.39
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.22 **2016 Fac PE RVU:** 7.96

RUC Recommendation: 7.23 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

23130 **Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release**

Global: 090 **Issue:** Removal of Bone **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 3,633

2007 Work RVU: 7.63 **2016 Work RVU:** 7.77
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.88 **2016 Fac PE RVU:** 8.22

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

23350 **Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography**

Global: 000 **Issue:** Injection for Shoulder X-Ray **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** April 2011 **2014 Medicare Utilization:** 35,486

2007 Work RVU: 1.00 **2016 Work RVU:** 1.00
2007 NF PE RVU: 3.23 **2016 NF PE RVU:** 2.61
2007 Fac PE RVU: 0.32 **2016 Fac PE RVU:** 0.38

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

23405 **Tenotomy, shoulder area; single tendon**

Global: 090 **Issue:** Tenotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 2,877

2007 Work RVU: 8.43 **2016 Work RVU:** 8.54
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.69 **2016 Fac PE RVU:** 7.80

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

23410 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute**

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 4,228

2007 Work RVU: 12.63 **2016 Work RVU:** 11.39
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.02 **2016 Fac PE RVU:** 10.07

RUC Recommendation: 11.23 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

23412 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic**

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 17,555

2007 Work RVU: 13.55 **2016 Work RVU:** 11.93
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.49 **2016 Fac PE RVU:** 10.32

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. 11.77 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

23415 **Coracoacromial ligament release, with or without acromioplasty** **Global:** 090 **Issue:** Shoulder Ligament Release **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 62 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 815

2007 Work RVU: 10.09 **2016 Work RVU:** 9.23
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.65 **2016 Fac PE RVU:** 8.98

RUC Recommendation: 9.23 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

23420 **Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)** **Global:** 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 5,646

2007 Work RVU: 14.75 **2016 Work RVU:** 13.54
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.59 **2016 Fac PE RVU:** 11.75

RUC Recommendation: 13.35 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

23430 **Tenodesis of long tendon of biceps** **Global:** 090 **Issue:** Tenodesis **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 14,364

2007 Work RVU: 10.05 **2016 Work RVU:** 10.17
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.78 **2016 Fac PE RVU:** 9.36

RUC Recommendation: 10.17 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

23440 **Resection or transplantation of long tendon of biceps** **Global:** 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,759

2007 Work RVU: 10.53 **2016 Work RVU:** 10.64
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.91 **2016 Fac PE RVU:** 9.08

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

23472 **Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2014 Medicare Utilization:** 39,307

2007 Work RVU: 22.47 **2016 Work RVU:** 22.13
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 13.89 **2016 Fac PE RVU:** 15.76

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

23540 **Closed treatment of acromioclavicular dislocation; without manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 528

2007 Work RVU: 2.28 **2016 Work RVU:** 2.36
2007 NF PE RVU: 2.8 **2016 NF PE RVU:** 3.71
2007 Fac PE RVU: 2.43 **2016 Fac PE RVU:** 3.82

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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23600 **Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation**

Global: 090 **Issue:** Treatment of Humerus Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 14 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2011 **2014 Medicare Utilization:** 37,358

2007 Work RVU: 3.00 **2016 Work RVU:** 3.00
2007 NF PE RVU: 4.43 **2016 NF PE RVU:** 5.80
2007 Fac PE RVU: 3.58 **2016 Fac PE RVU:** 5.27

RUC Recommendation: 3.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

23625 **Closed treatment of greater humeral tuberosity fracture; with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 212

2007 Work RVU: 3.99 **2016 Work RVU:** 4.10
2007 NF PE RVU: 4.82 **2016 NF PE RVU:** 6.01
2007 Fac PE RVU: 4.19 **2016 Fac PE RVU:** 5.27

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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Status Report: CMS Requests and Relativity Assessment Issues

23650 **Closed treatment of shoulder dislocation, with manipulation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 15,143

2007 Work RVU: 3.44 **2016 Work RVU:** 3.53
2007 NF PE RVU: 3.65 **2016 NF PE RVU:** 4.84
2007 Fac PE RVU: 2.77 **2016 Fac PE RVU:** 4.11

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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23655 **Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 2,853

2007 Work RVU: 4.64 **2016 Work RVU:** 4.76
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.17 **2016 Fac PE RVU:** 5.86

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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23665 **Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 569

2007 Work RVU: 4.54 **2016 Work RVU:** 4.66
2007 NF PE RVU: 5.21 **2016 NF PE RVU:** 6.66
2007 Fac PE RVU: 4.61 **2016 Fac PE RVU:** 5.84

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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24505 **Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 973

2007 Work RVU: 5.25 **2016 Work RVU:** 5.39
2007 NF PE RVU: 6.42 **2016 NF PE RVU:** 7.90
2007 Fac PE RVU: 5.27 **2016 Fac PE RVU:** 6.57

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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Status Report: CMS Requests and Relativity Assessment Issues

24600 **Treatment of closed elbow dislocation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Medicare Utilization:** 1,416

2007 Work RVU: 4.28 **2016 Work RVU:** 4.37
2007 NF PE RVU: 4.61 **2016 NF PE RVU:** 5.33
2007 Fac PE RVU: 3.45 **2016 Fac PE RVU:** 4.48

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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24605 **Treatment of closed elbow dislocation; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Medicare Utilization:** 502

2007 Work RVU: 5.50 **2016 Work RVU:** 5.64
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.26 **2016 Fac PE RVU:** 6.77

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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25116 **Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum**

Global: 090 **Issue:** Forearm Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 63 **Specialty Developing Recommendation:** ASSH, AAOS, ASPS

First Identified: September 2007 **2014 Medicare Utilization:** 1,022

2007 Work RVU: 7.38 **2016 Work RVU:** 7.56
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.13 **2016 Fac PE RVU:** 8.41

RUC Recommendation: 7.56

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

25210 **Carpectomy; 1 bone**

Global: 090 **Issue:** Carpectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2014 Medicare Utilization:** 2,196

2007 Work RVU: 6.01 **2016 Work RVU:** 6.12
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.49 **2016 Fac PE RVU:** 6.89

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

25260 **Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,142

2007 Work RVU: 7.89 **2016 Work RVU:** 8.04
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.3 **2016 Fac PE RVU:** 8.67

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

25280 **Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,451

2007 Work RVU: 7.28 **2016 Work RVU:** 7.39
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.6 **2016 Fac PE RVU:** 7.60

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

25310 **Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon**

Global: 090 **Issue:** Forearm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 15 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 7,022

2007 Work RVU: 8.26 **2016 Work RVU:** 8.08
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.99 **2016 Fac PE RVU:** 8.37

RUC Recommendation: 7.94 **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

25565 **Closed treatment of radial and ulnar shaft fractures; with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 721

2007 Work RVU: 5.71 **2016 Work RVU:** 5.85
2007 NF PE RVU: 6.52 **2016 NF PE RVU:** 8.00
2007 Fac PE RVU: 5.32 **2016 Fac PE RVU:** 6.62

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee **CPT Action (if applicable):**

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

Result:

Status Report: CMS Requests and Relativity Assessment Issues

25605 **Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015

2014 Medicare Utilization: 21,700

2007 Work RVU: 7.02 **2016 Work RVU:** 6.25
2007 NF PE RVU: 7.15 **2016 NF PE RVU:** 8.35
2007 Fac PE RVU: 6.21 **2016 Fac PE RVU:** 7.44

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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25606 **Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH

First Identified: September 2014

2014 Medicare Utilization: 4,163

2007 Work RVU: 8.10 **2016 Work RVU:** 8.31
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.41 **2016 Fac PE RVU:** 9.11

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

25607 **Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH

First Identified: September 2014

2014 Medicare Utilization: 8,729

2007 Work RVU: 9.35 **2016 Work RVU:** 9.56
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.26 **2016 Fac PE RVU:** 9.79

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

25608 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2014 Medicare Utilization:** 7,065

2007 Work RVU: 10.86 **2016 Work RVU:** 11.07
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.88 **2016 Fac PE RVU:** 10.59

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

25609 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** January 2014 **2014 Medicare Utilization:** 14,558

2007 Work RVU: 14.12 **2016 Work RVU:** 14.38
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.77 **2016 Fac PE RVU:** 13.13

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

25675 **Closed treatment of distal radioulnar dislocation with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 257

2007 Work RVU: 4.75 **2016 Work RVU:** 4.89
2007 NF PE RVU: 5.46 **2016 NF PE RVU:** 6.75
2007 Fac PE RVU: 4.53 **2016 Fac PE RVU:** 5.68

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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26080 **Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each**

Global: 090 **Issue:** RAW **Screen:** Site of Service Anomaly / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,819

2007 Work RVU: 4.36 **2016 Work RVU:** 4.47
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.73 **2016 Fac PE RVU:** 5.96

RUC Recommendation: Action plan for RAW Oct 2015. Maintain

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2012

Status Report: CMS Requests and Relativity Assessment Issues

26356 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2014 Medicare Utilization:** 1,179

2007 Work RVU: 10.22 **2016 Work RVU:** 9.56
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 17.22 **2016 Fac PE RVU:** 13.66

RUC Recommendation: 10.03 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

26357 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2014 Medicare Utilization:** 74

2007 Work RVU: 8.65 **2016 Work RVU:** 10.53
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 14.29 **2016 Fac PE RVU:** 12.06

RUC Recommendation: 11.50 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

26358 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2014 Medicare Utilization:** 51

2007 Work RVU: 9.22 **2016 Work RVU:** 12.13
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 15.19 **2016 Fac PE RVU:** 12.85

RUC Recommendation: 13.10 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

26480 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon**

Global: 090 **Issue:** Tendon Transfer **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 26 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** October 2008 **2014 Medicare Utilization:** 7,804

2007 Work RVU: 6.76 **2016 Work RVU:** 6.90
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 13.68 **2016 Fac PE RVU:** 13.33

RUC Recommendation: 6.76 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

26700 **Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 651

2007 Work RVU: 3.74 **2016 Work RVU:** 3.83
2007 NF PE RVU: 3.65 **2016 NF PE RVU:** 4.78
2007 Fac PE RVU: 2.89 **2016 Fac PE RVU:** 4.23

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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26750 **Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 7,678

2007 Work RVU: 1.74 **2016 Work RVU:** 1.80
2007 NF PE RVU: 2.42 **2016 NF PE RVU:** 3.19
2007 Fac PE RVU: 2.07 **2016 Fac PE RVU:** 3.21

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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26755 **Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 509

2007 Work RVU: 3.15 **2016 Work RVU:** 3.23
2007 NF PE RVU: 4.27 **2016 NF PE RVU:** 5.25
2007 Fac PE RVU: 3 **2016 Fac PE RVU:** 4.09

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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Status Report: CMS Requests and Relativity Assessment Issues

26770 **Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 5,852

2007 Work RVU: 3.07 **2016 Work RVU:** 3.15
2007 NF PE RVU: 3.3 **2016 NF PE RVU:** 4.19
2007 Fac PE RVU: 2.44 **2016 Fac PE RVU:** 3.63

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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27048 **Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm** **Global:** 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 05 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 437

2007 Work RVU: 6.44 **2016 Work RVU:** 8.85
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.76 **2016 Fac PE RVU:** 6.78

RUC Recommendation: 8.74 **CPT Action (if applicable):** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

27062 **Excision; trochanteric bursa or calcification** **Global:** 090 **Issue:** Trochanteric Bursa Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 32 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,474

2007 Work RVU: 5.66 **2016 Work RVU:** 5.75
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.05 **2016 Fac PE RVU:** 6.23

RUC Recommendation: 5.66 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27096 **Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed** **Global:** 000 **Issue:** Injection for Sacroiliac Joint **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 06 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, ISIS, NASS **First Identified:** October 2009 **2014 Medicare Utilization:** 386,076

2007 Work RVU: 1.40 **2016 Work RVU:** 1.48
2007 NF PE RVU: 3.88 **2016 NF PE RVU:** 3.01
2007 Fac PE RVU: 0.33 **2016 Fac PE RVU:** 0.83

RUC Recommendation: 1.48 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27130 **Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2014 Medicare Utilization:** 133,735

2007 Work RVU: 21.61 **2016 Work RVU:** 20.72
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.96 **2016 Fac PE RVU:** 14.48

RUC Recommendation: 21.79 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27134 **Revision of total hip arthroplasty; both components, with or without autograft or allograft**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** January 2014 **2014 Medicare Utilization:** 11,252

2007 Work RVU: 30.13 **2016 Work RVU:** 30.28
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 17.08 **2016 Fac PE RVU:** 19.31

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27193 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation**

Global: 090 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** July 2013 **2014 Medicare Utilization:** 19,472

2007 Work RVU: 5.98 **2016 Work RVU:** 6.09
2007 NF PE RVU: 4.98 **2016 NF PE RVU:** 6.26
2007 Fac PE RVU: 4.98 **2016 Fac PE RVU:** 6.45

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27194 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia**

Global: 090 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS

First Identified: October 2015 **2014 Medicare Utilization:** 253

2007 Work RVU: 10.08 **2016 Work RVU:** 10.20
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.4 **2016 Fac PE RVU:** 8.14

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

271X1

Global: 090 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS

First Identified: October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 5.50

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

271X2

Global: 090 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS

First Identified: October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 9.00

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27230 **Closed treatment of femoral fracture, proximal end, neck; without manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Medicare Utilization:** 2,119

2007 Work RVU: 5.69 **2016 Work RVU:** 5.81
2007 NF PE RVU: 5.38 **2016 NF PE RVU:** 6.73
2007 Fac PE RVU: 5.06 **2016 Fac PE RVU:** 6.64

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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Status Report: CMS Requests and Relativity Assessment Issues

27232 **Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Medicare Utilization:** 254

2007 Work RVU: 11.66 **2016 Work RVU:** 11.72
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.88 **2016 Fac PE RVU:** 7.92

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

27236 **Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement**

Global: 090 **Issue:** Open Treatment of Femoral Fracture **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 16 **Specialty Developing Recommendation:** AAOS

First Identified: September 2011 **2014 Medicare Utilization:** 62,026

2007 Work RVU: 17.43 **2016 Work RVU:** 17.61
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.85 **2016 Fac PE RVU:** 13.50

RUC Recommendation: 17.61 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27240 **Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Medicare Utilization:** 336

2007 Work RVU: 13.66 **2016 Work RVU:** 13.81
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.13 **2016 Fac PE RVU:** 11.15

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

27244 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS

First Identified: April 2008 **2014 Medicare Utilization:** 13,839

2007 Work RVU: 17.08 **2016 Work RVU:** 18.18
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.91 **2016 Fac PE RVU:** 13.81

RUC Recommendation: 18.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27245 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS

First Identified: February 2008

2014 Medicare Utilization: 78,880

2007 Work RVU: 21.09 **2016 Work RVU:** 18.18
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 13.19 **2016 Fac PE RVU:** 13.81

RUC Recommendation: 18.00

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27250 **Closed treatment of hip dislocation, traumatic; without anesthesia**

Global: 000 **Issue:** Closed Treatment of Hip Dislocation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 18 **Specialty Developing Recommendation:** ACEP

First Identified: September 2007

2014 Medicare Utilization: 3,128

2007 Work RVU: 7.21 **2016 Work RVU:** 3.82
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.54 **2016 Fac PE RVU:** 0.79

RUC Recommendation: 3.82

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

27252 **Closed treatment of hip dislocation, traumatic; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015

2014 Medicare Utilization: 1,061

2007 Work RVU: 10.92 **2016 Work RVU:** 11.03
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.21 **2016 Fac PE RVU:** 8.76

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

27265 **Closed treatment of post hip arthroplasty dislocation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015

2014 Medicare Utilization: 7,161

2007 Work RVU: 5.12 **2016 Work RVU:** 5.24
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.59 **2016 Fac PE RVU:** 5.38

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27266 **Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015

2014 Medicare Utilization: 6,921

2007 Work RVU: 7.67 **2016 Work RVU:** 7.78
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.15 **2016 Fac PE RVU:** 7.41

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

27324 **Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)**

Global: 090 **Issue:** Soft Tissue Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS

First Identified: September 2007

2014 Medicare Utilization: 874

2007 Work RVU: 4.95 **2016 Work RVU:** 5.04
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.1 **2016 Fac PE RVU:** 5.25

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

27370 **Injection of contrast for knee arthrography**

Global: 000 **Issue:** Injection for Knee Arthrography **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: February 2008

2014 Medicare Utilization: 94,812

2007 Work RVU: 0.96 **2016 Work RVU:** 0.96
2007 NF PE RVU: 3.47 **2016 NF PE RVU:** 3.33
2007 Fac PE RVU: 0.32 **2016 Fac PE RVU:** 0.39

RUC Recommendation: Survey

CPT Action (if applicable): February 2014

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of

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Status Report: CMS Requests and Relativity Assessment Issues

27446 **Arthroplasty, knee, condyle and plateau; medial OR lateral compartment** **Global:** 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2014 Medicare Utilization:** 15,533

2007 Work RVU: 16.26 **2016 Work RVU:** 17.48
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.81 **2016 Fac PE RVU:** 12.64

RUC Recommendation: 17.48 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

27447 **Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)** **Global:** 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2014 Medicare Utilization:** 270,501

2007 Work RVU: 23.04 **2016 Work RVU:** 20.72
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 14.14 **2016 Fac PE RVU:** 14.46

RUC Recommendation: 19.60 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27502 **Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 374

2007 Work RVU: 11.24 **2016 Work RVU:** 11.36
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.82 **2016 Fac PE RVU:** 8.80

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27510 **Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Medicare Utilization:** 397

2007 Work RVU: 9.68 **2016 Work RVU:** 9.80
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.09 **2016 Fac PE RVU:** 8.23

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

27550 **Closed treatment of knee dislocation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Medicare Utilization:** 479

2007 Work RVU: 5.84 **2016 Work RVU:** 5.98
2007 NF PE RVU: 5.84 **2016 NF PE RVU:** 7.53
2007 Fac PE RVU: 4.85 **2016 Fac PE RVU:** 6.51

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

27552 **Closed treatment of knee dislocation; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Medicare Utilization:** 326

2007 Work RVU: 8.04 **2016 Work RVU:** 8.18
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.75 **2016 Fac PE RVU:** 8.22

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

27615 **Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm**

Global: 090 **Issue:** Radical Resecion of Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS

First Identified: September 2007 **2014 Medicare Utilization:** 443

2007 Work RVU: 12.93 **2016 Work RVU:** 15.72
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.07 **2016 Fac PE RVU:** 10.72

RUC Recommendation: 15.54

CPT Action (if applicable): June 2008

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

27619 **Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 731

2007 Work RVU: 8.47 **2016 Work RVU:** 6.91
2007 NF PE RVU: 9.65 **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.79 **2016 Fac PE RVU:** 5.52

RUC Recommendation: 6.80 **CPT Action (if applicable):** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27640 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,526

2007 Work RVU: 12.10 **2016 Work RVU:** 12.24
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.79 **2016 Fac PE RVU:** 9.61

RUC Recommendation: 12.10 **CPT Action (if applicable):** June 2008 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27641 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** February 2008 **2014 Medicare Utilization:** 796

2007 Work RVU: 9.73 **2016 Work RVU:** 9.84
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.96 **2016 Fac PE RVU:** 7.80

RUC Recommendation: 9.72 **CPT Action (if applicable):** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27650 **Repair, primary, open or percutaneous, ruptured Achilles tendon;**

Global: 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2014 Medicare Utilization:** 2,136

2007 Work RVU: 9.94 **2016 Work RVU:** 9.21
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.22 **2016 Fac PE RVU:** 8.37

RUC Recommendation: 9.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27654 **Repair, secondary, Achilles tendon, with or without graft**

Global: 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 33 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 2,060

2007 Work RVU: 10.32 **2016 Work RVU:** 10.53
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.86 **2016 Fac PE RVU:** 8.36

RUC Recommendation: 10.32 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27685 **Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 3,611

2007 Work RVU: 6.57 **2016 Work RVU:** 6.69
2007 NF PE RVU: 7.68 **2016 NF PE RVU:** 11.46
2007 Fac PE RVU: 5.26 **2016 Fac PE RVU:** 5.76

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

27687 **Gastrocnemius recession (eg, Strayer procedure)**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 5,016

2007 Work RVU: 6.30 **2016 Work RVU:** 6.41
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.12 **2016 Fac PE RVU:** 5.73

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

27690 **Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)**

Global: 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,431

2007 Work RVU: 8.96 **2016 Work RVU:** 9.17
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.15 **2016 Fac PE RVU:** 7.67

RUC Recommendation: 8.96 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27691 **Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)**

Global: 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 3,700

2007 Work RVU: 10.28 **2016 Work RVU:** 10.49
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.51 **2016 Fac PE RVU:** 9.36

RUC Recommendation: 10.28 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27752 **Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 1,401

2007 Work RVU: 6.15 **2016 Work RVU:** 6.27
2007 NF PE RVU: 6.48 **2016 NF PE RVU:** 7.98
2007 Fac PE RVU: 5.54 **2016 Fac PE RVU:** 6.82

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

27762 **Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 5454 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 337

2007 Work RVU: 5.33 **2016 Work RVU:** 5.47
2007 NF PE RVU: 6.14 **2016 NF PE RVU:** 7.22
2007 Fac PE RVU: 5.14 **2016 Fac PE RVU:** 6.05

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27792 **Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed**

Global: 090 **Issue:** Treatment of Ankle Fracture **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, **First Identified:** June 2010 **2014 Medicare Utilization:** 7,252

2007 Work RVU: 7.91 **2016 Work RVU:** 8.75
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.71 **2016 Fac PE RVU:** 8.40

RUC Recommendation: 9.71 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

27810 **Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 2,782

2007 Work RVU: 5.20 **2016 Work RVU:** 5.32
2007 NF PE RVU: 6.05 **2016 NF PE RVU:** 7.17
2007 Fac PE RVU: 5.02 **2016 Fac PE RVU:** 5.97

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

27814 **Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2014 Medicare Utilization:** 11,931

2007 Work RVU: 11.10 **2016 Work RVU:** 10.62
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.25 **2016 Fac PE RVU:** 9.62

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27818 **Closed treatment of trimalleolar ankle fracture; with manipulation**

Global: 090 **Issue:** Treatment of Fracture **Screen:** Site of Service Anomaly (99238-Only) / Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2014 Medicare Utilization:** 2,619

2007 Work RVU: 5.57 **2016 Work RVU:** 5.69
2007 NF PE RVU: 6.14 **2016 NF PE RVU:** 7.24
2007 Fac PE RVU: 5 **2016 Fac PE RVU:** 5.85

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

27825 **Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Medicare Utilization:** 627

2007 Work RVU: 6.60 **2016 Work RVU:** 6.69
2007 NF PE RVU: 6.42 **2016 NF PE RVU:** 7.67
2007 Fac PE RVU: 5.25 **2016 Fac PE RVU:** 6.23

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

27840 **Closed treatment of ankle dislocation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Medicare Utilization:** 2,358

2007 Work RVU: 4.65 **2016 Work RVU:** 4.77
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.73 **2016 Fac PE RVU:** 5.00

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28002 **Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2014 Medicare Utilization:** 5,872

2007 Work RVU: 5.78 **2016 Work RVU:** 5.34
2007 NF PE RVU: 5.44 **2016 NF PE RVU:** 6.92
2007 Fac PE RVU: 3.74 **2016 Fac PE RVU:** 3.33

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

28111 **Ostectomy, complete excision; first metatarsal head**

Global: 090 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,019

2007 Work RVU: 5.06 **2016 Work RVU:** 5.15
2007 NF PE RVU: 6.55 **2016 NF PE RVU:** 8.54
2007 Fac PE RVU: 3.58 **2016 Fac PE RVU:** 3.69

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

28118 **Ostectomy, calcaneus;**

Global: 090 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 2,276

2007 Work RVU: 6.02 **2016 Work RVU:** 6.13
2007 NF PE RVU: 6.68 **2016 NF PE RVU:** 10.26
2007 Fac PE RVU: 4.28 **2016 Fac PE RVU:** 5.01

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

28120 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 4,823

2007 Work RVU: 5.64 **2016 Work RVU:** 7.31
2007 NF PE RVU: 7.5 **2016 NF PE RVU:** 11.20
2007 Fac PE RVU: 4.31 **2016 Fac PE RVU:** 6.01

RUC Recommendation: 8.27 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28122 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 12,770

2007 Work RVU: 7.56 **2016 Work RVU:** 6.76
2007 NF PE RVU: 7.27 **2016 NF PE RVU:** 9.87
2007 Fac PE RVU: 5.17 **2016 Fac PE RVU:** 5.24

RUC Recommendation: 7.72 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

28124 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe**

Global: 090 **Issue:** Toe Removal **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 12,878

2007 Work RVU: 4.88 **2016 Work RVU:** 5.00
2007 NF PE RVU: 5.46 **2016 NF PE RVU:** 8.39
2007 Fac PE RVU: 3.62 **2016 Fac PE RVU:** 4.10

RUC Recommendation: Remove 99238 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

28285 **Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)** **Global:** 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 81,365

2007 Work RVU: 4.65 **2016 Work RVU:** 5.62
2007 NF PE RVU: 5.34 **2016 NF PE RVU:** 9.22
2007 Fac PE RVU: 3.42 **2016 Fac PE RVU:** 4.67

RUC Recommendation: 5.62 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28289 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** **2014 Medicare Utilization:** 4,314

2007 Work RVU: 8.11 **2016 Work RVU:** 8.31
2007 NF PE RVU: 8.37 **2016 NF PE RVU:** 11.93
2007 Fac PE RVU: 5.68 **2016 Fac PE RVU:** 6.51

RUC Recommendation: 6.90 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28290 **Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** **2014 Medicare Utilization:** 1,981

2007 Work RVU: 5.72 **2016 Work RVU:** 5.83
2007 NF PE RVU: 6.75 **2016 NF PE RVU:** 10.37
2007 Fac PE RVU: 4.55 **2016 Fac PE RVU:** 4.81

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

28292 **Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** **2014 Medicare Utilization:** 8,323

2007 Work RVU: 8.72 **2016 Work RVU:** 9.05
2007 NF PE RVU: 8.21 **2016 NF PE RVU:** 12.92
2007 Fac PE RVU: 5.72 **2016 Fac PE RVU:** 7.44

RUC Recommendation: 7.44 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28293 **Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** January 2014 **2014 Medicare Utilization:** 3,335

2007 Work RVU: 11.10 **2016 Work RVU:** 11.48
2007 NF PE RVU: 11.72 **2016 NF PE RVU:** 17.98
2007 Fac PE RVU: 6.34 **2016 Fac PE RVU:** 8.10

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28294 **Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** **2014 Medicare Utilization:** 75

2007 Work RVU: 8.63 **2016 Work RVU:** 8.75
2007 NF PE RVU: 7.88 **2016 NF PE RVU:** 12.46
2007 Fac PE RVU: 4.7 **2016 Fac PE RVU:** 6.02

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

28296 **Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)**

Global: 090 **Issue:** Bunionectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2014 Medicare Utilization:** 14,301

2007 Work RVU: 9.31 **2016 Work RVU:** 8.35
2007 NF PE RVU: 8.54 **2016 NF PE RVU:** 11.55
2007 Fac PE RVU: 5.29 **2016 Fac PE RVU:** 5.94

RUC Recommendation: 8.25 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28297 **Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** **2014 Medicare Utilization:** 1,736

2007 Work RVU: 9.31 **2016 Work RVU:** 9.43
2007 NF PE RVU: 9.34 **2016 NF PE RVU:** 12.97
2007 Fac PE RVU: 6.04 **2016 Fac PE RVU:** 6.27

RUC Recommendation: 9.29 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28298 **Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy**

Global: 090 **Issue:** Bunionectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2014 Medicare Utilization:** 2,593

2007 Work RVU: 8.01 **2016 Work RVU:** 8.13
2007 NF PE RVU: 7.74 **2016 NF PE RVU:** 11.90
2007 Fac PE RVU: 4.91 **2016 Fac PE RVU:** 5.61

RUC Recommendation: 7.75 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28299 **Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy**

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** **2014 Medicare Utilization:** 4,581

2007 Work RVU: 11.39 **2016 Work RVU:** 11.57
2007 NF PE RVU: 9.24 **2016 NF PE RVU:** 13.26
2007 Fac PE RVU: 6.01 **2016 Fac PE RVU:** 6.85

RUC Recommendation: 9.29 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

282X1

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 8.01 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

282X2

Global: 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 8.57 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

28300 **Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation**

Global: 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 2,243

2007 Work RVU: 9.61 **2016 Work RVU:** 9.73
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.81 **2016 Fac PE RVU:** 7.48

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28310 **Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)**

Global: 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 2,207

2007 Work RVU: 5.48 **2016 Work RVU:** 5.57
2007 NF PE RVU: 6.2 **2016 NF PE RVU:** 9.74
2007 Fac PE RVU: 3.53 **2016 Fac PE RVU:** 4.21

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** PE Only

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28470 **Closed treatment of metatarsal fracture; without manipulation, each**

Global: 090 **Issue:** Treatment of Metatarsal Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 15 **Specialty Developing Recommendation:** AAOS, APMA, AOFAS **First Identified:** April 2011 **2014 Medicare Utilization:** 36,996

2007 Work RVU: 1.99 **2016 Work RVU:** 2.03
2007 NF PE RVU: 3.05 **2016 NF PE RVU:** 3.97
2007 Fac PE RVU: 2.43 **2016 Fac PE RVU:** 3.56

RUC Recommendation: 2.03 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

28660 **Closed treatment of interphalangeal joint dislocation; without anesthesia**

Global: 010 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 660

2007 Work RVU: 1.25 **2016 Work RVU:** 1.28
2007 NF PE RVU: 1.27 **2016 NF PE RVU:** 1.89
2007 Fac PE RVU: 0.79 **2016 Fac PE RVU:** 1.10

RUC Recommendation: Refer to CPT Assistant and PE Subcommittee **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

28725 **Arthrodesis; subtalar**

Global: 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 3,482

2007 Work RVU: 11.97 **2016 Work RVU:** 11.22
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.93 **2016 Fac PE RVU:** 9.42

RUC Recommendation: 12.18 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28730 **Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;** **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 2,504

2007 Work RVU: 12.21 **2016 Work RVU:** 10.70
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.32 **2016 Fac PE RVU:** 8.86

RUC Recommendation: 12.42 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

28740 **Arthrodesis, midtarsal or tarsometatarsal, single joint** **Global:** 090 **Issue:** Arthrodesis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 2,997

2007 Work RVU: 9.09 **2016 Work RVU:** 9.29
2007 NF PE RVU: 10.89 **2016 NF PE RVU:** 13.85
2007 Fac PE RVU: 6.37 **2016 Fac PE RVU:** 7.37

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

28825 **Amputation, toe; interphalangeal joint** **Global:** 090 **Issue:** Partial Amputation of Toe **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 21 **Specialty Developing Recommendation:** AOFAS, ACS, APMA, AAOS, SVS **First Identified:** September 2007 **2014 Medicare Utilization:** 12,656

2007 Work RVU: 3.71 **2016 Work RVU:** 5.37
2007 NF PE RVU: 7.04 **2016 NF PE RVU:** 9.60
2007 Fac PE RVU: 3.4 **2016 Fac PE RVU:** 4.67

RUC Recommendation: 6.01 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

29075 **Application, cast; elbow to finger (short arm)** **Global:** 000 **Issue:** Application of Forearm Cast **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 16 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** April 2011 **2014 Medicare Utilization:** 72,433

2007 Work RVU: 0.77 **2016 Work RVU:** 0.77
2007 NF PE RVU: 1.25 **2016 NF PE RVU:** 1.60
2007 Fac PE RVU: 0.68 **2016 Fac PE RVU:** 0.90

RUC Recommendation: 0.77 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29200 **Strapping; thorax**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013 **2014 Medicare Utilization:** 19,740

2007 Work RVU: 0.65 **2016 Work RVU:** 0.39
2007 NF PE RVU: 0.69 **2016 NF PE RVU:** 0.43
2007 Fac PE RVU: 0.34 **2016 Fac PE RVU:** 0.11

RUC Recommendation: 0.39 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

29220 **Deleted from CPT**

Global: 000 **Issue:** Strapping; low back **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AAFP

First Identified: February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.64 **2016 Work RVU:**
2007 NF PE RVU: 0.69 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT,

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29240 **Strapping; shoulder (eg, Velpeau)**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013 **2014 Medicare Utilization:** 27,085

2007 Work RVU: 0.71 **2016 Work RVU:** 0.39
2007 NF PE RVU: 0.81 **2016 NF PE RVU:** 0.41
2007 Fac PE RVU: 0.37 **2016 Fac PE RVU:** 0.12

RUC Recommendation: 0.39 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

29260 **Strapping; elbow or wrist**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: October 2013 **2014 Medicare Utilization:** 7,307

2007 Work RVU: 0.55 **2016 Work RVU:** 0.39
2007 NF PE RVU: 0.72 **2016 NF PE RVU:** 0.40
2007 Fac PE RVU: 0.33 **2016 Fac PE RVU:** 0.13

RUC Recommendation: 0.39 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29280 **Strapping; hand or finger**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: October 2013 **2014 Medicare Utilization:** 5,775

2007 Work RVU: 0.51 **2016 Work RVU:** 0.39
2007 NF PE RVU: 0.77 **2016 NF PE RVU:** 0.41
2007 Fac PE RVU: 0.33 **2016 Fac PE RVU:** 0.15

RUC Recommendation: 0.39

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

29445 **Application of rigid total contact leg cast**

Global: 000 **Issue:** RAW **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Medicare Utilization:** 31,011

2007 Work RVU: 1.78 **2016 Work RVU:** 1.78
2007 NF PE RVU: 1.76 **2016 NF PE RVU:** 1.88
2007 Fac PE RVU: 0.96 **2016 Fac PE RVU:** 1.01

RUC Recommendation: Survey for April 2016

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

29520 **Strapping; hip**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013 **2014 Medicare Utilization:** 17,590

2007 Work RVU: 0.54 **2016 Work RVU:** 0.39
2007 NF PE RVU: 0.81 **2016 NF PE RVU:** 0.48
2007 Fac PE RVU: 0.45 **2016 Fac PE RVU:** 0.12

RUC Recommendation: 0.39

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

29530 **Strapping; knee**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013 **2014 Medicare Utilization:** 42,156

2007 Work RVU: 0.57 **2016 Work RVU:** 0.39
2007 NF PE RVU: 0.75 **2016 NF PE RVU:** 0.40
2007 Fac PE RVU: 0.34 **2016 Fac PE RVU:** 0.11

RUC Recommendation: 0.39

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29540 **Strapping; ankle and/or foot**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 34 **Specialty Developing Recommendation:** APMA **First Identified:** October 2009 **2014 Medicare Utilization:** 261,452

2007 Work RVU: 0.51 **2016 Work RVU:** 0.39
2007 NF PE RVU: 0.45 **2016 NF PE RVU:** 0.32
2007 Fac PE RVU: 0.31 **2016 Fac PE RVU:** 0.10

RUC Recommendation: 0.39 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

29550 **Strapping; toes**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 34 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2014 Medicare Utilization:** 67,642

2007 Work RVU: 0.47 **2016 Work RVU:** 0.25
2007 NF PE RVU: 0.46 **2016 NF PE RVU:** 0.27
2007 Fac PE RVU: 0.29 **2016 Fac PE RVU:** 0.06

RUC Recommendation: 0.25 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

29580 **Strapping; Unna boot**

Global: 000 **Issue:** Strapping/Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** APMA, SVS **First Identified:** July 2015 **2014 Medicare Utilization:** 314,295

2007 Work RVU: 0.55 **2016 Work RVU:** 0.55
2007 NF PE RVU: 0.67 **2016 NF PE RVU:** 0.88
2007 Fac PE RVU: 0.35 **2016 Fac PE RVU:** 0.40

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

29581 **Application of multi-layer compression system; leg (below knee), including ankle and foot**

Global: 000 **Issue:** Strapping/Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** APMA, SVS **First Identified:** July 2015 **2014 Medicare Utilization:** 145,813

2007 Work RVU: **2016 Work RVU:** 0.25
2007 NF PE RVU: **2016 NF PE RVU:** 1.49
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.10

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29582 **Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed** **Global:** 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 3,493

2007 Work RVU: **2016 Work RVU:** 0.35
2007 NF PE RVU: **2016 NF PE RVU:** 1.63
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.09

RUC Recommendation: Develop CPT Assistant Article **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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29583 **Application of multi-layer compression system; upper arm and forearm** **Global:** 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 307

2007 Work RVU: **2016 Work RVU:** 0.25
2007 NF PE RVU: **2016 NF PE RVU:** 0.98
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.06

RUC Recommendation: Develop CPT Assistant Article **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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29584 **Application of multi-layer compression system; upper arm, forearm, hand, and fingers** **Global:** 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 1,433

2007 Work RVU: **2016 Work RVU:** 0.35
2007 NF PE RVU: **2016 NF PE RVU:** 1.63
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.09

RUC Recommendation: Develop CPT Assistant Article **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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29590 **Denis-Browne splint strapping** **Global:** 000 **Issue:** Dennis-Browne splint revision **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.76 **2016 Work RVU:**
2007 NF PE RVU: 0.54 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.29 **2016 Fac PE RVU:**

RUC Recommendation: Refer to CPT for deletion **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29805 **Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS

First Identified: NA **2014 Medicare Utilization:** 727

2007 Work RVU: 5.94 **2016 Work RVU:** 6.03
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.44 **2016 Fac PE RVU:** 6.38

RUC Recommendation: No NF PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

29822 **Arthroscopy, shoulder, surgical; debridement, limited**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** AAOS

First Identified: October 2008 **2014 Medicare Utilization:** 17,105

2007 Work RVU: 7.49 **2016 Work RVU:** 7.60
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.43 **2016 Fac PE RVU:** 7.47

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

29823 **Arthroscopy, shoulder, surgical; debridement, extensive**

Global: 090 **Issue:** **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** AAOS

First Identified: October 2012 **2014 Medicare Utilization:** 29,328

2007 Work RVU: 8.24 **2016 Work RVU:** 8.36
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.94 **2016 Fac PE RVU:** 8.09

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

29824 **Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2014 Medicare Utilization:** 40,098

2007 Work RVU: 8.82 **2016 Work RVU:** 8.98
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.3 **2016 Fac PE RVU:** 8.78

RUC Recommendation: 8.82 **CPT Action (if applicable):**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

29826 **Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2014 Medicare Utilization:** 77,462

2007 Work RVU: 9.05 **2016 Work RVU:** 3.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.21 **2016 Fac PE RVU:** 1.52

RUC Recommendation: 3.00 **CPT Action (if applicable):**

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

29827 **Arthroscopy, shoulder, surgical; with rotator cuff repair**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing/ Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2014 Medicare Utilization:** 60,090

2007 Work RVU: 15.44 **2016 Work RVU:** 15.59
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.01 **2016 Fac PE RVU:** 12.35

RUC Recommendation: 15.59. Maintain work RVU and adjust the times from pre-time package 3. **CPT Action (if applicable):**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29828 **Arthroscopy, shoulder, surgical; biceps tenodesis**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2014 Medicare Utilization:** 11,755

2007 Work RVU: **2016 Work RVU:** 13.16
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 10.93

RUC Recommendation: 13.16 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

29830 **Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2014 Medicare Utilization:** 155

2007 Work RVU: 5.80 **2016 Work RVU:** 5.88
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.14 **2016 Fac PE RVU:** 6.20

RUC Recommendation: No NF PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

29840 **Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2014 Medicare Utilization:** 102

2007 Work RVU: 5.59 **2016 Work RVU:** 5.68
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.16 **2016 Fac PE RVU:** 6.21

RUC Recommendation: No NF PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29870 **Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2014 Medicare Utilization:** 1,464

2007 Work RVU: 5.11 **2016 Work RVU:** 5.19
2007 NF PE RVU: NA **2016 NF PE RVU:** 10.58
2007 Fac PE RVU: 4.72 **2016 Fac PE RVU:** 5.67

RUC Recommendation: New PE non-facility inputs **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** PE Only

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29888 **Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction**

Global: 090 **Issue:** ACL Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 38 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,495

2007 Work RVU: 14.14 **2016 Work RVU:** 14.30
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.75 **2016 Fac PE RVU:** 11.41

RUC Recommendation: 14.14 **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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29900 **Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2014 Medicare Utilization:** 6

2007 Work RVU: 5.74 **2016 Work RVU:** 5.88
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.6 **2016 Fac PE RVU:** 6.75

RUC Recommendation: No NF PE inputs **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

30140 **Submucous resection inferior turbinate, partial or complete, any method** **Global:** 090 **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 33,455

2007 Work RVU: 3.48 **2016 Work RVU:** 3.57
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.29 **2016 Fac PE RVU:** 8.55

RUC Recommendation: **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

30465 **Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)** **Global:** 090 **Issue:** Repair Nasal Stenosis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2014 Medicare Utilization:** 2,371

2007 Work RVU: 12.20 **2016 Work RVU:** 12.36
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.58 **2016 Fac PE RVU:** 13.96

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

30901 **Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method** **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 35 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2009 **2014 Medicare Utilization:** 108,336

2007 Work RVU: 1.21 **2016 Work RVU:** 1.10
2007 NF PE RVU: 1.32 **2016 NF PE RVU:** 1.46
2007 Fac PE RVU: 0.31 **2016 Fac PE RVU:** 0.37

RUC Recommendation: 1.21 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

30903 **Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method** **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAO-HNS **First Identified:** July 2015 **2014 Medicare Utilization:** 52,207

2007 Work RVU: 1.54 **2016 Work RVU:** 1.54
2007 NF PE RVU: 2.8 **2016 NF PE RVU:** 4.55
2007 Fac PE RVU: 0.47 **2016 Fac PE RVU:** 0.56

RUC Recommendation: **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

30905 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial** **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAO-HNS **First Identified:** July 2015 **2014 Medicare Utilization:** 6,877

2007 Work RVU: 1.97 **2016 Work RVU:** 1.97
2007 NF PE RVU: 3.57 **2016 NF PE RVU:** 5.48
2007 Fac PE RVU: 0.69 **2016 Fac PE RVU:** 0.82

RUC Recommendation: **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

30906 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent** **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAO-HNS **First Identified:** July 2015 **2014 Medicare Utilization:** 1,224

2007 Work RVU: 2.45 **2016 Work RVU:** 2.45
2007 NF PE RVU: 3.91 **2016 NF PE RVU:** 7.16
2007 Fac PE RVU: 1.07 **2016 Fac PE RVU:** 1.16

RUC Recommendation: **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

31231 **Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)** **Global:** 000 **Issue:** Diagnostic Nasal Endoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2014 Medicare Utilization:** 511,029

2007 Work RVU: 1.10 **2016 Work RVU:** 1.10
2007 NF PE RVU: 3.37 **2016 NF PE RVU:** 4.75
2007 Fac PE RVU: 0.84 **2016 Fac PE RVU:** 0.63

RUC Recommendation: 1.10 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31237 **Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2011 **2014 Medicare Utilization:** 108,113

2007 Work RVU: 2.98 **2016 Work RVU:** 2.60
2007 NF PE RVU: 5.03 **2016 NF PE RVU:** 4.44
2007 Fac PE RVU: 1.72 **2016 Fac PE RVU:** 1.69

RUC Recommendation: 2.60 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31238 **Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2014 Medicare Utilization:** 28,059

2007 Work RVU: 3.26 **2016 Work RVU:** 2.74
2007 NF PE RVU: 5.04 **2016 NF PE RVU:** 4.27
2007 Fac PE RVU: 1.9 **2016 Fac PE RVU:** 1.75

RUC Recommendation: 2.74 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31239 **Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy**

Global: 010 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2014 Medicare Utilization:** 1,160

2007 Work RVU: 9.23 **2016 Work RVU:** 9.04
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.59 **2016 Fac PE RVU:** 7.64

RUC Recommendation: 9.04 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31240 **Nasal/sinus endoscopy, surgical; with concha bullosa resection**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2014 Medicare Utilization:** 4,617

2007 Work RVU: 2.61 **2016 Work RVU:** 2.61
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.59 **2016 Fac PE RVU:** 1.66

RUC Recommendation: 2.61 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31254 **Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)**

Global: 000 **Issue:** Function Endoscopic Sinus Surgery Services (PE Only) **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: July 2015
2014 Medicare Utilization: 9,308

2007 Work RVU: 4.64 **2016 Work RVU:** 4.64
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.57 **2016 Fac PE RVU:** 2.57

RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

31255 **Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)**

Global: 000 **Issue:** Function Endoscopic Sinus Surgery Services (PE Only) **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: April 2015
Tab
Specialty Developing Recommendation:
First Identified: April 2015
2014 Medicare Utilization: 29,989

2007 Work RVU: 6.95 **2016 Work RVU:** 6.95
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.69 **2016 Fac PE RVU:** 3.61

RUC Recommendation: Refer to CPT to bundle
CPT Action (if applicable): May 2016
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

31256 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy;**

Global: 000 **Issue:** Function Endoscopic Sinus Surgery Services (PE Only) **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation:
First Identified: July 2015
2014 Medicare Utilization: 15,847

2007 Work RVU: 3.29 **2016 Work RVU:** 3.29
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.92 **2016 Fac PE RVU:** 1.96

RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31267 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus**

Global: 000 **Issue:** Function Endoscopic Sinus Surgery Services (PE Only) **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2015

2014 Medicare Utilization: 25,793

2007 Work RVU: 5.45 **2016 Work RVU:** 5.45
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.96 **2016 Fac PE RVU:** 2.93

RUC Recommendation:

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

31276 **Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus**

Global: 000 **Issue:** Function Endoscopic Sinus Surgery Services (PE Only) **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** **Specialty Developing Recommendation:**

First Identified: April 2015

2014 Medicare Utilization: 21,888

2007 Work RVU: 8.84 **2016 Work RVU:** 8.84
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.58 **2016 Fac PE RVU:** 4.46

RUC Recommendation: Refer to CPT to bundle

CPT Action (if applicable): May 2016

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

31287 **Nasal/sinus endoscopy, surgical, with sphenoidotomy;**

Global: 000 **Issue:** Function Endoscopic Sinus Surgery Services (PE Only) **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** **Specialty Developing Recommendation:**

First Identified: April 2015

2014 Medicare Utilization: 8,271

2007 Work RVU: 3.91 **2016 Work RVU:** 3.91
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.22 **2016 Fac PE RVU:** 2.24

RUC Recommendation: Refer to CPT to bundle

CPT Action (if applicable): May 2016

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31288 **Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus**

Global: 000 **Issue:** Function Endoscopic Sinus Surgery Services (PE Only) **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** **Specialty Developing Recommendation:**

First Identified: April 2015 **2014 Medicare Utilization:** 9,493

2007 Work RVU: 4.57 **2016 Work RVU:** 4.57
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.54 **2016 Fac PE RVU:** 2.53

RUC Recommendation: Refer to CPT to bundle **CPT Action (if applicable):** May 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

31296 **Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)**

Global: 000 **Issue:** Joint WG to bundle **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** **Specialty Developing Recommendation:**

First Identified: April 2015 **2014 Medicare Utilization:** 22,001

2007 Work RVU: **2016 Work RVU:** 3.29
2007 NF PE RVU: **2016 NF PE RVU:** 55.81
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.92

RUC Recommendation: Refer to CPT to bundle **CPT Action (if applicable):** May 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

31297 **Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)**

Global: 000 **Issue:** Joint WG to bundle **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** **Specialty Developing Recommendation:**

First Identified: April 2015 **2014 Medicare Utilization:** 12,927

2007 Work RVU: **2016 Work RVU:** 2.64
2007 NF PE RVU: **2016 NF PE RVU:** 55.51
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.62

RUC Recommendation: Refer to CPT to bundle **CPT Action (if applicable):** May 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31500 **Intubation, endotracheal, emergency procedure**

Global: 000 **Issue:** Endotracheal Intubation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 29 **Specialty Developing Recommendation:** ACEP, ASA **First Identified:** July 2015 **2014 Medicare Utilization:** 286,430

2007 Work RVU: 2.33 **2016 Work RVU:** 2.33
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0.52 **2016 Fac PE RVU:** 0.56

RUC Recommendation: 3.00 and Refer to CPT Assistant **CPT Action (if applicable):**

Result: Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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31571 **Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope**

Global: 000 **Issue:** Laryngoscopy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2014 Medicare Utilization:** 4,815

2007 Work RVU: 4.26 **2016 Work RVU:** 4.26
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.36 **2016 Fac PE RVU:** 2.39

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):**

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

31575 **Laryngoscopy, flexible fiberoptic; diagnostic**

Global: 000 **Issue:** **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 08 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2014 Medicare Utilization:** 628,502

2007 Work RVU: 1.10 **2016 Work RVU:** 1.10
2007 NF PE RVU: 1.82 **2016 NF PE RVU:** 2.02
2007 Fac PE RVU: 0.84 **2016 Fac PE RVU:** 0.96

RUC Recommendation: 1.00 **CPT Action (if applicable):**

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31579 **Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy**

Global: 000 **Issue:** Laryngoscopy **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 08 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2014 Medicare Utilization:** 67,387

2007 Work RVU: 2.26 **2016 Work RVU:** 2.26
2007 NF PE RVU: 3.5 **2016 NF PE RVU:** 3.45
2007 Fac PE RVU: 1.37 **2016 Fac PE RVU:** 1.50

RUC Recommendation: 1.94 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31580 **Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2014 Medicare Utilization:** 25

2007 Work RVU: 14.46 **2016 Work RVU:** 14.66
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 15.31 **2016 Fac PE RVU:** 18.38

RUC Recommendation: 14.60 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31582 **Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2014 Medicare Utilization:** 37

2007 Work RVU: 22.87 **2016 Work RVU:** 23.22
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 24.48 **2016 Fac PE RVU:** 27.99

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31584 **Laryngoplasty; with open reduction of fracture**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2014 Medicare Utilization:** 13

2007 Work RVU: 20.35 **2016 Work RVU:** 20.47
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 17.19 **2016 Fac PE RVU:** 20.00

RUC Recommendation: 20.00 **CPT Action (if applicable):** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31587 **Laryngoplasty, cricoid split**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2014 Medicare Utilization:** 16

2007 Work RVU: 15.12 **2016 Work RVU:** 15.27
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.96 **2016 Fac PE RVU:** 11.34

RUC Recommendation: 15.27 **CPT Action (if applicable):** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31588 **Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2014 **2014 Medicare Utilization:** 1,198

2007 Work RVU: 14.62 **2016 Work RVU:** 14.99
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 13.07 **2016 Fac PE RVU:** 15.66

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

315X1

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 21.50 **CPT Action (if applicable):** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

315X2

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 20.50 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

315X3

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 22.00 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

315X4

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 22.00 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

315X5

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 15.60 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

315X6

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 25.00 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31600 **Tracheostomy, planned (separate procedure);**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2014 Medicare Utilization:** 32,578

2007 Work RVU: 7.17 **2016 Work RVU:** 7.17
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.95 **2016 Fac PE RVU:** 2.97

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

31601 **Tracheostomy, planned (separate procedure); younger than 2 years**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2014 Medicare Utilization:** 13

2007 Work RVU: 4.44 **2016 Work RVU:** 4.44
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.21 **2016 Fac PE RVU:** 2.38

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

31603 **Tracheostomy, emergency procedure; transtracheal**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2014 Medicare Utilization:** 1,238

2007 Work RVU: 4.14 **2016 Work RVU:** 4.14
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.57 **2016 Fac PE RVU:** 1.63

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31605 **Tracheostomy, emergency procedure; cricothyroid membrane**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2014 Medicare Utilization:** 302

2007 Work RVU: 3.57 **2016 Work RVU:** 3.57
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.1 **2016 Fac PE RVU:** 1.08

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

31610 **Tracheostomy, fenestration procedure with skin flaps**

Global: 090 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2014 Medicare Utilization:** 1,802

2007 Work RVU: 9.29 **2016 Work RVU:** 9.38
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.99 **2016 Fac PE RVU:** 9.77

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

31611 **Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)**

Global: 090 **Issue:** Speech Prosthesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2014 Medicare Utilization:** 862

2007 Work RVU: 5.92 **2016 Work RVU:** 6.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.92 **2016 Fac PE RVU:** 8.68

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

31620 **Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2014 Medicare Utilization:** 24,986

2007 Work RVU: 1.40 **2016 Work RVU:**
2007 NF PE RVU: 5.73 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.5 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31622 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2014 Medicare Utilization:** 69,566

2007 Work RVU: 2.78 **2016 Work RVU:** 2.78
2007 NF PE RVU: 5.55 **2016 NF PE RVU:** 5.57
2007 Fac PE RVU: 1.02 **2016 Fac PE RVU:** 1.07

RUC Recommendation: 2.78 **CPT Action (if applicable):** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31625 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2014 Medicare Utilization:** 23,510

2007 Work RVU: 3.36 **2016 Work RVU:** 3.36
2007 NF PE RVU: 5.73 **2016 NF PE RVU:** 7.59
2007 Fac PE RVU: 1.17 **2016 Fac PE RVU:** 1.21

RUC Recommendation: 3.36 **CPT Action (if applicable):** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31626 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2014 Medicare Utilization:** 2,329

2007 Work RVU: **2016 Work RVU:** 4.16
2007 NF PE RVU: **2016 NF PE RVU:** 21.27
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.47

RUC Recommendation: 4.16 **CPT Action (if applicable):** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31628 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2014 Medicare Utilization:** 35,890

2007 Work RVU: 3.80 **2016 Work RVU:** 3.80
2007 NF PE RVU: 7.02 **2016 NF PE RVU:** 7.76
2007 Fac PE RVU: 1.26 **2016 Fac PE RVU:** 1.33

RUC Recommendation: 3.80 **CPT Action (if applicable):** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31629 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2014 Medicare Utilization:** 28,589

2007 Work RVU: 4.09 **2016 Work RVU:** 4.00
2007 NF PE RVU: 13.7 **2016 NF PE RVU:** 9.80
2007 Fac PE RVU: 1.35 **2016 Fac PE RVU:** 1.39

RUC Recommendation: 4.00 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31632 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2014 Medicare Utilization:** 3,664

2007 Work RVU: 1.03 **2016 Work RVU:** 1.03
2007 NF PE RVU: 0.83 **2016 NF PE RVU:** 1.02
2007 Fac PE RVU: 0.3 **2016 Fac PE RVU:** 0.31

RUC Recommendation: 1.03 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

31633 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2014 Medicare Utilization:** 10,683

2007 Work RVU: 1.32 **2016 Work RVU:** 1.32
2007 NF PE RVU: 0.94 **2016 NF PE RVU:** 1.20
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** 0.40

RUC Recommendation: 1.32 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31645 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)**

Global: 000 **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2015 **2014 Medicare Utilization:** 32,154

2007 Work RVU: 3.16 **2016 Work RVU:** 3.16
2007 NF PE RVU: 5.05 **2016 NF PE RVU:** 5.77
2007 Fac PE RVU: 1.09 **2016 Fac PE RVU:** 1.21

RUC Recommendation: **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

31646 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent**

Global: 000 **Issue:** **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2015 **2014 Medicare Utilization:** 4,480

2007 Work RVU: 2.72 **2016 Work RVU:** 2.72
2007 NF PE RVU: 4.76 **2016 NF PE RVU:** 5.31
2007 Fac PE RVU: 0.97 **2016 Fac PE RVU:** 1.06

RUC Recommendation: **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

31652 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 5.00 **CPT Action (if applicable):** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31653 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 5.50 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

31654 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.70 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

32201 **Pneumonostomy; with percutaneous drainage of abscess or cyst**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2014 Medicare Utilization:**

2007 Work RVU: 3.99 **2016 Work RVU:**
2007 NF PE RVU: 20.21 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.26 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32420 **Pneumocentesis, puncture of lung for aspiration** **Global:** 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 2.18 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0.66 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

32421 **Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent** **Global:** 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

32422 **Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)** **Global:** 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** April 2011 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32440 **Removal of lung, pneumonectomy;**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2014 Medicare Utilization:** 496

2007 Work RVU: 27.17 **2016 Work RVU:** 27.28
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.44 **2016 Fac PE RVU:** 12.04

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

CPT Action (if applicable):

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

32480 **Removal of lung, other than pneumonectomy; single lobe (lobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2014 Medicare Utilization:** 7,569

2007 Work RVU: 25.71 **2016 Work RVU:** 25.82
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.63 **2016 Fac PE RVU:** 11.29

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32482 **Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2014 Medicare Utilization:** 598

2007 Work RVU: 27.28 **2016 Work RVU:** 27.44
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.48 **2016 Fac PE RVU:** 12.39

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

32491 **Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2014 Medicare Utilization:** 32

2007 Work RVU: 25.09 **2016 Work RVU:** 25.24
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.13 **2016 Fac PE RVU:** 11.81

RUC Recommendation: Request further information from CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

32551 **Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)**

Global: 000 **Issue:** Chest Tube Thoracostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 10 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** April 2011 **2014 Medicare Utilization:** 39,687

2007 Work RVU: **2016 Work RVU:** 3.29
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.10

RUC Recommendation: 3.50

CPT Action (if applicable): February 2012

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32554 **Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2014 Medicare Utilization:** 22,192

2007 Work RVU: **2016 Work RVU:** 1.82
2007 NF PE RVU: **2016 NF PE RVU:** 3.69
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.59

RUC Recommendation: 1.82 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32555 **Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2014 Medicare Utilization:** 199,946

2007 Work RVU: **2016 Work RVU:** 2.27
2007 NF PE RVU: **2016 NF PE RVU:** 5.76
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.78

RUC Recommendation: 2.27 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32556 **Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2014 Medicare Utilization:** 3,783

2007 Work RVU: **2016 Work RVU:** 2.50
2007 NF PE RVU: **2016 NF PE RVU:** 12.60
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.83

RUC Recommendation: 2.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32557 **Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2014 Medicare Utilization:** 35,388

2007 Work RVU: **2016 Work RVU:** 3.12
2007 NF PE RVU: **2016 NF PE RVU:** 11.24
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.03

RUC Recommendation: 3.62 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32663 **Thoracoscopy, surgical; with lobectomy (single lobe)**

Global: 090 **Issue:** RAW review **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** STS

First Identified: October 2008 **2014 Medicare Utilization:** 6,499

2007 Work RVU: 24.56 **2016 Work RVU:** 24.64
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.44 **2016 Fac PE RVU:** 10.50

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

33207 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2014 Medicare Utilization:** 19,929

2007 Work RVU: 9.05 **2016 Work RVU:** 8.05
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.95 **2016 Fac PE RVU:** 4.33

RUC Recommendation: 8.05

CPT Action (if applicable): February 2011

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33208 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2014 Medicare Utilization:** 105,926

2007 Work RVU: 8.12 **2016 Work RVU:** 8.77
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.95 **2016 Fac PE RVU:** 4.62

RUC Recommendation: 8.77

CPT Action (if applicable): February 2011

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33212 **Insertion of pacemaker pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2014 Medicare Utilization:** 1,170

2007 Work RVU: 5.51 **2016 Work RVU:** 5.26
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.46 **2016 Fac PE RVU:** 3.17

RUC Recommendation: 5.26 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33213 **Insertion of pacemaker pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2014 Medicare Utilization:** 3,469

2007 Work RVU: 6.36 **2016 Work RVU:** 5.53
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.87 **2016 Fac PE RVU:** 3.26

RUC Recommendation: 5.53 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33221 **Insertion of pacemaker pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2014 Medicare Utilization:** 396

2007 Work RVU: **2016 Work RVU:** 5.80
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.64

RUC Recommendation: 5.80 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33227 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2014 Medicare Utilization:** 7,674

RUC Recommendation: 5.50

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 5.50
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.37
Result: Decrease

33228 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2014 Medicare Utilization:** 37,619

RUC Recommendation: 5.77

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 5.77
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.47
Result: Decrease

33229 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2014 Medicare Utilization:** 3,127

RUC Recommendation: 6.04

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2016 Work RVU:** 6.04
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.70
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33230 **Insertion of implantable defibrillator pulse generator only; with existing dual leads** **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2014 Medicare Utilization:** 297

2007 Work RVU: **2016 Work RVU:** 6.32
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.68

RUC Recommendation: 6.32 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33231 **Insertion of implantable defibrillator pulse generator only; with existing multiple leads** **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2014 Medicare Utilization:** 216

2007 Work RVU: **2016 Work RVU:** 6.59
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.83

RUC Recommendation: 6.59 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33233 **Removal of permanent pacemaker pulse generator only** **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 9,588

2007 Work RVU: 3.33 **2016 Work RVU:** 3.39
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.29 **2016 Fac PE RVU:** 2.83

RUC Recommendation: 3.39 **CPT Action (if applicable):** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33240 **Insertion of implantable defibrillator pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2014 Medicare Utilization: 870

2007 Work RVU: 7.61 **2016 Work RVU:** 6.05

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 4.79 **2016 Fac PE RVU:** 3.49

RUC Recommendation: 6.06

CPT Action (if applicable): February 2011

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33241 **Removal of implantable defibrillator pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2014 Medicare Utilization: 8,267

2007 Work RVU: 3.26 **2016 Work RVU:** 3.29

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 2.99 **2016 Fac PE RVU:** 2.53

RUC Recommendation: 3.29

CPT Action (if applicable): February 2011

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33249 **Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2014 Medicare Utilization: 49,476

2007 Work RVU: 15.02 **2016 Work RVU:** 15.17

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 8.89 **2016 Fac PE RVU:** 8.14

RUC Recommendation: 15.17

CPT Action (if applicable): February 2011

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33262 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2014 Medicare Utilization: 4,641

2007 Work RVU: **2016 Work RVU:** 6.06

2007 NF PE RVU: **2016 NF PE RVU:** NA

2007 Fac PE RVU: **2016 Fac PE RVU:** 3.67

RUC Recommendation: 6.06

CPT Action (if applicable): February 2011

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33263 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2014 Medicare Utilization: 12,750

2007 Work RVU: **2016 Work RVU:** 6.33

2007 NF PE RVU: **2016 NF PE RVU:** NA

2007 Fac PE RVU: **2016 Fac PE RVU:** 3.78

RUC Recommendation: 6.33

CPT Action (if applicable): February 2011

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33264 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2014 Medicare Utilization: 17,466

2007 Work RVU: **2016 Work RVU:** 6.60

2007 NF PE RVU: **2016 NF PE RVU:** NA

2007 Fac PE RVU: **2016 Fac PE RVU:** 3.93

RUC Recommendation: 6.60

CPT Action (if applicable): February 2011

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33282 **Implantation of patient-activated cardiac event recorder**

Global: 090 **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012

2014 Medicare Utilization: 21,732

2007 Work RVU: 4.70 **2016 Work RVU:** 3.50
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.1 **2016 Fac PE RVU:** 2.58

RUC Recommendation: 3.50

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33284 **Removal of an implantable, patient-activated cardiac event recorder**

Global: 090 **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012

2014 Medicare Utilization: 5,635

2007 Work RVU: 3.04 **2016 Work RVU:** 3.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.5 **2016 Fac PE RVU:** 2.40

RUC Recommendation: 3.00

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

33405 **Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011

2014 Medicare Utilization: 29,856

2007 Work RVU: 41.19 **2016 Work RVU:** 41.32
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 17.58 **2016 Fac PE RVU:** 15.55

RUC Recommendation: 41.32

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33430 **Replacement, mitral valve, with cardiopulmonary bypass**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** High IWPUT / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: February 2008 **2014 Medicare Utilization:** 8,435

2007 Work RVU: 50.75 **2016 Work RVU:** 50.93
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 17.71 **2016 Fac PE RVU:** 19.18

RUC Recommendation: 50.93

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33533 **Coronary artery bypass, using arterial graft(s); single arterial graft**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011 **2014 Medicare Utilization:** 63,820

2007 Work RVU: 33.64 **2016 Work RVU:** 33.75
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 15.55 **2016 Fac PE RVU:** 13.15

RUC Recommendation: 34.98

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

33620 **Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** STS

First Identified: January 2015 **2014 Medicare Utilization:** 72

2007 Work RVU: **2016 Work RVU:** 30.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 7.88

RUC Recommendation: Refer to CPT Assistant

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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Status Report: CMS Requests and Relativity Assessment Issues

33621 **Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** STS **First Identified:** January 2015 **2014 Medicare Utilization:** 0

2007 Work RVU: **2016 Work RVU:** 16.18
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 7.30

RUC Recommendation: Refer to CPT Assistant **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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33622 **Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** STS **First Identified:** January 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 64.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 26.96

RUC Recommendation: Refer to CPT Assistant **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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33863 **Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)**

Global: 090 **Issue:** Aortic Graft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** STS, AATS **First Identified:** February 2008 **2014 Medicare Utilization:** 1,743

2007 Work RVU: 58.71 **2016 Work RVU:** 58.79
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 19.01 **2016 Fac PE RVU:** 19.84

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33945 **Heart transplant, with or without recipient cardiectomy**

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:** 707

2007 Work RVU: 89.08 **2016 Work RVU:** 89.50
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 23.74 **2016 Fac PE RVU:** 31.72

RUC Recommendation: 16.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33946 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 6.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.82

RUC Recommendation: 6.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33947 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 6.63
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.02

RUC Recommendation: 6.63 **CPT Action (if applicable):** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

33948 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.73
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.49

RUC Recommendation: 4.73 **CPT Action (if applicable):** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33949 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.60
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.45

RUC Recommendation: 4.60 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33951 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 8.15
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.76

RUC Recommendation: 8.15 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33952 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 8.15
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.51

RUC Recommendation: 8.43 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33953 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 9.11
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.08

RUC Recommendation: 9.83 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33954 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 9.11
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.79

RUC Recommendation: 9.43 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33956 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 16.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.84

RUC Recommendation: 16.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33957 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 3.51
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.43

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33958 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 3.51
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.32

RUC Recommendation: 4.05 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33959 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.47
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.80

RUC Recommendation: 4.69 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33960 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day** **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2014 Medicare Utilization:** 606

2007 Work RVU: 19.33 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 5.09 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33961 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day** **Global:** XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2014 Medicare Utilization:** 2,915

2007 Work RVU: 10.91 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.45 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

33962 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.47
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.54

RUC Recommendation: 4.73 **CPT Action (if applicable):** February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33963 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 9.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.53

RUC Recommendation: 9.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33964 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 9.50
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.42

RUC Recommendation: 9.50 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33965 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 3.51
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.43

RUC Recommendation: 3.51 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33966 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.50
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.39

RUC Recommendation: 4.50 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33969 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 5.22
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.09

RUC Recommendation: 6.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33984 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 5.46
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.66

RUC Recommendation: 6.38 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33985 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 9.89
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.87

RUC Recommendation: 9.89 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33986 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 10.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.32

RUC Recommendation: 10.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33987 **Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.04
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.16

RUC Recommendation: 4.08 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33988 **Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 15.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.38

RUC Recommendation: 15.00 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33989 **Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 9.50
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.11

RUC Recommendation: 9.50 **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

34802 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACR, SCAI, SIR, SVS **First Identified:** January 2014 **2014 Medicare Utilization:** 11,814

2007 Work RVU: 23.71 **2016 Work RVU:** 23.79
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.38 **2016 Fac PE RVU:** 7.67

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** May 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

34812 **Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACR, SCAI, SIR, SVS **First Identified:** January 2014 **2014 Medicare Utilization:** 25,974

2007 Work RVU: 6.74 **2016 Work RVU:** 6.74
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.1 **2016 Fac PE RVU:** 1.66

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** May 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34825 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACR, SCAI, SIR, SVS **First Identified:** January 2014 **2014 Medicare Utilization:** 11,727

2007 Work RVU: 12.72 **2016 Work RVU:** 12.80
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.89 **2016 Fac PE RVU:** 4.94

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** May 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

35301 **Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision**

Global: 090 **Issue:** Thromboendarterectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 21 **Specialty Developing Recommendation:** SVS **First Identified:** September 2011 **2014 Medicare Utilization:** 46,290

2007 Work RVU: 19.53 **2016 Work RVU:** 21.16
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.04 **2016 Fac PE RVU:** 7.39

RUC Recommendation: 21.16 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

35450 **Transluminal balloon angioplasty, open; renal or other visceral artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2014 Medicare Utilization:** 74

2007 Work RVU: 10.05 **2016 Work RVU:** 10.05
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.47 **2016 Fac PE RVU:** 2.53

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35452 **Transluminal balloon angioplasty, open; aortic**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2014 Medicare Utilization:** 40

2007 Work RVU: 6.90 **2016 Work RVU:** 6.90
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.48 **2016 Fac PE RVU:** 1.60

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35454 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 6.03 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 2.19 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35456 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 7.34 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 2.64 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35458 **Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2014 Medicare Utilization:** 796

2007 Work RVU: 9.48 **2016 Work RVU:** 9.48
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.33 **2016 Fac PE RVU:** 2.85

RUC Recommendation: **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

35459 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 8.62 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.01 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35460 **Transluminal balloon angioplasty, open; venous**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2014 Medicare Utilization:** 3,648

2007 Work RVU: 6.03 **2016 Work RVU:** 6.03
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.15 **2016 Fac PE RVU:** 1.84

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35470 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2014 Medicare Utilization:**

2007 Work RVU: 8.62 **2016 Work RVU:**
2007 NF PE RVU: 81.78 **2016 NF PE RVU:**
2007 Fac PE RVU: 3.37 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35471 **Transluminal balloon angioplasty, percutaneous; renal or visceral artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2014 Medicare Utilization:** 2,833

2007 Work RVU: 10.05 **2016 Work RVU:** 10.05
2007 NF PE RVU: 91.6 **2016 NF PE RVU:** 60.56
2007 Fac PE RVU: 4.13 **2016 Fac PE RVU:** 3.22

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35472 **Transluminal balloon angioplasty, percutaneous; aortic**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2014 Medicare Utilization:** 480

2007 Work RVU: 6.90 **2016 Work RVU:** 6.90
2007 NF PE RVU: 60.05 **2016 NF PE RVU:** 44.00
2007 Fac PE RVU: 2.75 **2016 Fac PE RVU:** 2.07

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** Removed from CPT referral **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35473 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 6.03 **2016 Work RVU:**
2007 NF PE RVU: 56.4 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.43 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35474 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2014 Medicare Utilization:**

2007 Work RVU: 7.35 **2016 Work RVU:**
2007 NF PE RVU: 80.7 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.9 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35475 **Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2011 **2014 Medicare Utilization:** 50,263

2007 Work RVU: 9.48 **2016 Work RVU:** 6.60
2007 NF PE RVU: 53.95 **2016 NF PE RVU:** 36.73
2007 Fac PE RVU: 3.48 **2016 Fac PE RVU:** 2.21

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35476 **Transluminal balloon angioplasty, percutaneous; venous**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2011 **2014 Medicare Utilization:** 280,550

2007 Work RVU: 6.03 **2016 Work RVU:** 5.10
2007 NF PE RVU: 42.45 **2016 NF PE RVU:** 34.75
2007 Fac PE RVU: 2.26 **2016 Fac PE RVU:** 2.05

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35490 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2014 Medicare Utilization:**

2007 Work RVU: 11.06 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 5.11 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35491 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2014 Medicare Utilization:**

2007 Work RVU: 7.60 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.46 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35492 **Deleted from CPT** **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2014 Medicare Utilization:**

2007 Work RVU: 6.64 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.3 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35493 **Deleted from CPT** **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 8.09 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.89 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35494 **Deleted from CPT** **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2014 Medicare Utilization:**

2007 Work RVU: 10.42 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 4.64 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35495 **Deleted from CPT** **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 9.48 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 4.45 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36000 **Introduction of needle or intracatheter, vein**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, AUR, AAP, AAFP, ACRh

First Identified: October 2009 **2014 Medicare Utilization:**

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.54 **2016 NF PE RVU:** 0.53
2007 Fac PE RVU: 0.05 **2016 Fac PE RVU:** 0.07

RUC Recommendation: CMS consider a bundled status for this code

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

36010 **Introduction of catheter, superior or inferior vena cava**

Global: XXX **Issue:** Introduction of Catheter **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: February 2010 **2014 Medicare Utilization:** 16,112

2007 Work RVU: 2.43 **2016 Work RVU:** 2.43
2007 NF PE RVU: 17.17 **2016 NF PE RVU:** 11.30
2007 Fac PE RVU: 0.77 **2016 Fac PE RVU:** 0.72

RUC Recommendation: Remove from re-review.

CPT Action (if applicable): February 2011

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

36140 **Introduction of needle or intracatheter; extremity artery**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACRO

First Identified: April 2011 **2014 Medicare Utilization:** 20,466

2007 Work RVU: 2.01 **2016 Work RVU:** 2.01
2007 NF PE RVU: 12.15 **2016 NF PE RVU:** 9.91
2007 Fac PE RVU: 0.65 **2016 Fac PE RVU:** 0.58

RUC Recommendation: Remove from re-review

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36145 **Deleted from CPT**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:**

First Identified: February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 2.01 **2016 Work RVU:**
2007 NF PE RVU: 11.87 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.64 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36147 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)**

Global: XXX **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

First Identified: February 2008 **2014 Medicare Utilization:** 340,047

2007 Work RVU: **2016 Work RVU:** 3.72
2007 NF PE RVU: **2016 NF PE RVU:** 19.56
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.18

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36148 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

First Identified: February 2008 **2014 Medicare Utilization:** 68,907

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 6.31
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.30

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36215 **Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family**

Global: XXX **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization greater than 30,000-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:** 47,260

2007 Work RVU: 4.67 **2016 Work RVU:** 4.67
2007 NF PE RVU: 26.59 **2016 NF PE RVU:** 26.60
2007 Fac PE RVU: 1.65 **2016 Fac PE RVU:** 1.47

RUC Recommendation: Survey **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

36216 **Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family**

Global: XXX **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:** 5,187

2007 Work RVU: 5.27 **2016 Work RVU:** 5.27
2007 NF PE RVU: 28.57 **2016 NF PE RVU:** 27.86
2007 Fac PE RVU: 1.82 **2016 Fac PE RVU:** 1.75

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

36217 **Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family**

Global: XXX **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** April 2011 **2014 Medicare Utilization:** 4,705

2007 Work RVU: 6.29 **2016 Work RVU:** 6.29
2007 NF PE RVU: 52.65 **2016 NF PE RVU:** 49.59
2007 Fac PE RVU: 2.17 **2016 Fac PE RVU:** 2.10

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36218 **Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Selective Catheter Placement **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ACR, RPA, SIR, SVS
First Identified: July 2015
2014 Medicare Utilization: 1,077

2007 Work RVU: 1.01 **2016 Work RVU:** 1.01
2007 NF PE RVU: 4.72 **2016 NF PE RVU:** 4.28
2007 Fac PE RVU: 0.34 **2016 Fac PE RVU:** 0.35

RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

36221 **Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012
Tab 14
Specialty Developing Recommendation: AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS
First Identified: February 2010
2014 Medicare Utilization: 3,283

2007 Work RVU: **2016 Work RVU:** 4.17
2007 NF PE RVU: **2016 NF PE RVU:** 26.15
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.25

RUC Recommendation: 4.51
CPT Action (if applicable): February 2012
Result: Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36222 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012
Tab 14
Specialty Developing Recommendation: AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS
First Identified: February 2010
2014 Medicare Utilization: 12,491

2007 Work RVU: **2016 Work RVU:** 5.53
2007 NF PE RVU: **2016 NF PE RVU:** 30.70
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.90

RUC Recommendation: 6.00
CPT Action (if applicable): February 2012
Result: Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36223 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:** 35,529

2007 Work RVU: **2016 Work RVU:** 6.00
2007 NF PE RVU: **2016 NF PE RVU:** 36.49
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.13

RUC Recommendation: 6.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36224 **Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:** 32,576

2007 Work RVU: **2016 Work RVU:** 6.50
2007 NF PE RVU: **2016 NF PE RVU:** 43.66
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.50

RUC Recommendation: 7.55 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36225 **Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:** 13,465

2007 Work RVU: **2016 Work RVU:** 6.00
2007 NF PE RVU: **2016 NF PE RVU:** 35.53
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.05

RUC Recommendation: 6.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36226 **Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:** 30,476

2007 Work RVU: **2016 Work RVU:** 6.50
2007 NF PE RVU: **2016 NF PE RVU:** 44.42
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.52

RUC Recommendation: 7.55 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36227 **Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:** 9,808

2007 Work RVU: **2016 Work RVU:** 2.09
2007 NF PE RVU: **2016 NF PE RVU:** 4.63
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.77

RUC Recommendation: 2.32 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36228 **Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:** 3,425

2007 Work RVU: **2016 Work RVU:** 4.25
2007 NF PE RVU: **2016 NF PE RVU:** 29.44
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.59

RUC Recommendation: 4.25 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36245 **Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 22 **Specialty Developing Recommendation:** ACC, ACR, SIR, SCAI, SVS **First Identified:** October 2009 **2014 Medicare Utilization:** 49,953

2007 Work RVU: 4.67 **2016 Work RVU:** 4.90
2007 NF PE RVU: 31.17 **2016 NF PE RVU:** 33.24
2007 Fac PE RVU: 1.78 **2016 Fac PE RVU:** 1.62

RUC Recommendation: 4.90 **CPT Action (if applicable):** February 2010 and February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36246 **Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 38,906

2007 Work RVU: 5.27 **2016 Work RVU:** 5.27
2007 NF PE RVU: 29.18 **2016 NF PE RVU:** 19.04
2007 Fac PE RVU: 1.84 **2016 Fac PE RVU:** 1.55

RUC Recommendation: 5.27 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

36247 **Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 61,508

2007 Work RVU: 6.29 **2016 Work RVU:** 6.29
2007 NF PE RVU: 48.22 **2016 NF PE RVU:** 37.41
2007 Fac PE RVU: 2.17 **2016 Fac PE RVU:** 1.88

RUC Recommendation: 7.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36248 **Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2014 Medicare Utilization:** 22,267

2007 Work RVU: 1.01 **2016 Work RVU:** 1.01
2007 NF PE RVU: 3.81 **2016 NF PE RVU:** 3.22
2007 Fac PE RVU: 0.35 **2016 Fac PE RVU:** 0.31

RUC Recommendation: Remove from screen **CPT Action (if applicable):** February 2010 **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

36251 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2014 Medicare Utilization:** 4,948

2007 Work RVU: **2016 Work RVU:** 5.35
2007 NF PE RVU: **2016 NF PE RVU:** 34.12
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.78

RUC Recommendation: 5.45 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36252 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2014 Medicare Utilization:** 14,750

2007 Work RVU: **2016 Work RVU:** 6.99
2007 NF PE RVU: **2016 NF PE RVU:** 35.42
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.39

RUC Recommendation: 7.38 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36253 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2014 Medicare Utilization:** 1,280

2007 Work RVU: **2016 Work RVU:** 7.55
2007 NF PE RVU: **2016 NF PE RVU:** 55.82
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.50

RUC Recommendation: 7.55 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36254 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2014 Medicare Utilization:** 336

2007 Work RVU: **2016 Work RVU:** 8.15
2007 NF PE RVU: **2016 NF PE RVU:** 52.69
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.76

RUC Recommendation: 8.15 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36410 **Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)**

Global: XXX **Issue:** Venipunture **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 36 **Specialty Developing Recommendation:** ACP **First Identified:** October 2009 **2014 Medicare Utilization:** 212,158

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.3 **2016 NF PE RVU:** 0.28
2007 Fac PE RVU: 0.05 **2016 Fac PE RVU:** 0.07

RUC Recommendation: 0.18 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36475 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014
Tab 38
Specialty Developing Recommendation: ACC, ACR, ACS, SCAI, SIR, SVS
First Identified: April 2013
2014 Medicare Utilization: 93,168
2007 Work RVU: 6.72 **2016 Work RVU:** 5.30
2007 NF PE RVU: 47.57 **2016 NF PE RVU:** 37.32
2007 Fac PE RVU: 2.39 **2016 Fac PE RVU:** 1.80
RUC Recommendation: 5.30
CPT Action (if applicable):
Result: Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36476 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014
Tab 38
Specialty Developing Recommendation: ACC, ACR, ACS, SCAI, SIR, SVS
First Identified: October 2013
2014 Medicare Utilization: 8,980
2007 Work RVU: 3.38 **2016 Work RVU:** 2.65
2007 NF PE RVU: 7.39 **2016 NF PE RVU:** 5.28
2007 Fac PE RVU: 1.08 **2016 Fac PE RVU:** 0.76
RUC Recommendation: 2.65
CPT Action (if applicable):
Result: Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36478 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014
Tab 38
Specialty Developing Recommendation: ACC, ACR, ACS, SCAI, SIR, SVS
First Identified: April 2013
2014 Medicare Utilization: 78,911
2007 Work RVU: 6.72 **2016 Work RVU:** 5.30
2007 NF PE RVU: 42.85 **2016 NF PE RVU:** 27.99
2007 Fac PE RVU: 2.41 **2016 Fac PE RVU:** 1.81
RUC Recommendation: 5.30
CPT Action (if applicable):
Result: Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36479 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2014 Medicare Utilization:** 11,921

2007 Work RVU: 3.38 **2016 Work RVU:** 2.65
2007 NF PE RVU: 7.59 **2016 NF PE RVU:** 5.66
2007 Fac PE RVU: 1.1 **2016 Fac PE RVU:** 0.82

RUC Recommendation: 2.65 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36481 **Percutaneous portal vein catheterization by any method**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2014 Medicare Utilization:** 670

2007 Work RVU: 6.98 **2016 Work RVU:** 6.98
2007 NF PE RVU: NA **2016 NF PE RVU:** 50.25
2007 Fac PE RVU: 2.46 **2016 Fac PE RVU:** 2.47

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

36516 **Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2014 Medicare Utilization:** 1,905

2007 Work RVU: 1.22 **2016 Work RVU:** 1.22
2007 NF PE RVU: 75.37 **2016 NF PE RVU:** 57.47
2007 Fac PE RVU: 0.46 **2016 Fac PE RVU:** 0.49

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Status Report: CMS Requests and Relativity Assessment Issues

36556 **Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older**

Global: 000 **Issue:** Insertion of Non-Tunnel CV Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2014 Medicare Utilization:** 486,583

2007 Work RVU: 2.50 **2016 Work RVU:** 2.50
2007 NF PE RVU: 4.93 **2016 NF PE RVU:** 3.93
2007 Fac PE RVU: 0.7 **2016 Fac PE RVU:** 0.72

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

36569 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older**

Global: 000 **Issue:** Insertion of PICC Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** July 2015 **2014 Medicare Utilization:** 195,367

2007 Work RVU: 1.82 **2016 Work RVU:** 1.82
2007 NF PE RVU: 6.55 **2016 NF PE RVU:** 5.13
2007 Fac PE RVU: 0.57 **2016 Fac PE RVU:** 0.67

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

36620 **Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous**

Global: 000 **Issue:** Insertion of Arterial Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 30 **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2014 Medicare Utilization:** 559,803

2007 Work RVU: 1.15 **2016 Work RVU:** 1.15
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0.22 **2016 Fac PE RVU:** 0.24

RUC Recommendation: Survey October 2016 **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

36818 **Arteriovenous anastomosis, open; by upper arm cephalic vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2014 Medicare Utilization:** 6,786

2007 Work RVU: 11.81 **2016 Work RVU:** 12.39
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.73 **2016 Fac PE RVU:** 5.21

RUC Recommendation: 13.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36819 **Arteriovenous anastomosis, open; by upper arm basilic vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: November 2012 **2014 Medicare Utilization:** 10,515

2007 Work RVU: 14.39 **2016 Work RVU:** 13.29
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.08 **2016 Fac PE RVU:** 5.27

RUC Recommendation: 15.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

36820 **Arteriovenous anastomosis, open; by forearm vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: September 2007 **2014 Medicare Utilization:** 2,258

2007 Work RVU: 14.39 **2016 Work RVU:** 13.07
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.11 **2016 Fac PE RVU:** 5.49

RUC Recommendation: 13.99 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36821 **Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: September 2007 **2014 Medicare Utilization:** 33,407

2007 Work RVU: 9.15 **2016 Work RVU:** 11.90
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.49 **2016 Fac PE RVU:** 4.96

RUC Recommendation: 11.90 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36822 **Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)**

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** **2014 Medicare Utilization:** 994

2007 Work RVU: 5.51 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 4.23 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36825 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2014 Medicare Utilization:** 2,833

2007 Work RVU: 10.00 **2016 Work RVU:** 14.17
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.87 **2016 Fac PE RVU:** 6.21

RUC Recommendation: 15.93 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

36830 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2014 Medicare Utilization:** 22,447

2007 Work RVU: 12.00 **2016 Work RVU:** 12.03
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.98 **2016 Fac PE RVU:** 4.91

RUC Recommendation: 11.90 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36834 **Deleted from CPT**

Global: 090 **Issue:** Aneurysm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AVA, ACS **First Identified:** September 2007 **2014 Medicare Utilization:**

2007 Work RVU: 11.11 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 4.68 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36870 **Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**

Global: 090 **Issue:** Dialysis Circuit -1 **Screen:** Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2007 **2014 Medicare Utilization:** 59,655

2007 Work RVU: 5.17 **2016 Work RVU:** 5.20
2007 NF PE RVU: 49.54 **2016 NF PE RVU:** 46.24
2007 Fac PE RVU: 2.99 **2016 Fac PE RVU:** 2.84

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

369X1

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 3.36 **CPT Action (if applicable):** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

369X2

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 4.83 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

369X3

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 6.39 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

369X4

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 7.50 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

369X5

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 9.00 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

369X6

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 10.42 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

369X7

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 3.00 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

369X8

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 4.25 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

369X9

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 4.12 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37183 **Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation)**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2014 Medicare Utilization:** 831

2007 Work RVU: 7.99 **2016 Work RVU:** 7.99
2007 NF PE RVU: NA **2016 NF PE RVU:** 159.28
2007 Fac PE RVU: 2.89 **2016 Fac PE RVU:** 2.73

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37191 **Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2014 Medicare Utilization:** 48,659

2007 Work RVU: **2016 Work RVU:** 4.71
2007 NF PE RVU: **2016 NF PE RVU:** 69.43
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.57

RUC Recommendation: 4.71 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37192 **Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2014 Medicare Utilization:** 57

2007 Work RVU: **2016 Work RVU:** 7.35
2007 NF PE RVU: **2016 NF PE RVU:** 35.44
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.10

RUC Recommendation: 8.00 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37193 **Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2014 Medicare Utilization:** 5,205

2007 Work RVU: **2016 Work RVU:** 7.35
2007 NF PE RVU: **2016 NF PE RVU:** 37.12
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.28

RUC Recommendation: 8.00 **CPT Action (if applicable):** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37201 **Transcatheter therapy, infusion for thrombolysis other than coronary**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 4.99 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 2.43 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37203 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)**

Global: 000 **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 5.02 **2016 Work RVU:**
2007 NF PE RVU: 31.87 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.98 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37204 **Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 18.11 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 5.75 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37205 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 8.27 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.77 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37206 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 4.12 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.46 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37207 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 8.27 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 2.98 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37208 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 4.12 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.3 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37209 **Exchange of a previously placed intravascular catheter during thrombolytic therapy**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 2.27 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0.72 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37210 **Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 10.60 **2016 Work RVU:**
2007 NF PE RVU: 46.03 **2016 NF PE RVU:**
2007 Fac PE RVU: 3.13 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37211 **Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:** 10,479

2007 Work RVU: **2016 Work RVU:** 8.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.30

RUC Recommendation: 8.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37212 **Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:** 3,569

2007 Work RVU: **2016 Work RVU:** 7.06
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.04

RUC Recommendation: 7.06 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37213 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:** 3,627

2007 Work RVU: **2016 Work RVU:** 5.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.49

RUC Recommendation: 5.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37214 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:** 6,288

2007 Work RVU: **2016 Work RVU:** 2.74
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.81

RUC Recommendation: 3.04 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37220 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 11,391

2007 Work RVU: **2016 Work RVU:** 8.15
2007 NF PE RVU: **2016 NF PE RVU:** 79.95
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.31

RUC Recommendation: 8.15 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37221 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 39,689

2007 Work RVU: **2016 Work RVU:** 10.00
2007 NF PE RVU: **2016 NF PE RVU:** 120.28
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.87

RUC Recommendation: 10.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37222 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 3,215

2007 Work RVU: **2016 Work RVU:** 3.73
2007 NF PE RVU: **2016 NF PE RVU:** 20.69
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.96

RUC Recommendation: 3.73 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37223 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 5,435

2007 Work RVU: **2016 Work RVU:** 4.25
2007 NF PE RVU: **2016 NF PE RVU:** 68.47
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.15

RUC Recommendation: 4.25 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37224 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 30,919

2007 Work RVU: **2016 Work RVU:** 9.00
2007 NF PE RVU: **2016 NF PE RVU:** 98.14
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.58

RUC Recommendation: 9.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37225 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 30,773

2007 Work RVU: **2016 Work RVU:** 12.00
2007 NF PE RVU: **2016 NF PE RVU:** 298.50
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.58

RUC Recommendation: 12.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37226 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 33,744

2007 Work RVU: **2016 Work RVU:** 10.49
2007 NF PE RVU: **2016 NF PE RVU:** 244.68
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.03

RUC Recommendation: 10.49 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37227 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 17,361

2007 Work RVU: **2016 Work RVU:** 14.50
2007 NF PE RVU: **2016 NF PE RVU:** 405.17
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.23

RUC Recommendation: 14.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37228 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 27,596

2007 Work RVU: **2016 Work RVU:** 11.00
2007 NF PE RVU: **2016 NF PE RVU:** 141.52
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.09

RUC Recommendation: 11.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37229 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 22,447

2007 Work RVU: **2016 Work RVU:** 14.05
2007 NF PE RVU: **2016 NF PE RVU:** 291.42
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.13

RUC Recommendation: 14.05 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37230 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 3,487

2007 Work RVU: **2016 Work RVU:** 13.80
2007 NF PE RVU: **2016 NF PE RVU:** 219.18
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.11

RUC Recommendation: 13.80 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37231 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 1,723

2007 Work RVU: **2016 Work RVU:** 15.00
2007 NF PE RVU: **2016 NF PE RVU:** 361.42
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.49

RUC Recommendation: 15.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37232 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 9,367

2007 Work RVU: **2016 Work RVU:** 4.00
2007 NF PE RVU: **2016 NF PE RVU:** 29.66
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.12

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37233 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 4,975

2007 Work RVU: **2016 Work RVU:** 6.50
2007 NF PE RVU: **2016 NF PE RVU:** 33.78
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.81

RUC Recommendation: 6.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37234 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 417

2007 Work RVU: **2016 Work RVU:** 5.50
2007 NF PE RVU: **2016 NF PE RVU:** 103.53
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.65

RUC Recommendation: 5.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37235 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 145

2007 Work RVU: **2016 Work RVU:** 7.80
2007 NF PE RVU: **2016 NF PE RVU:** 106.65
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.46

RUC Recommendation: 7.80 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37236 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2014 Medicare Utilization:** 15,915

2007 Work RVU: **2016 Work RVU:** 9.00
2007 NF PE RVU: **2016 NF PE RVU:** 106.38
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.72

RUC Recommendation: 9.00 **CPT Action (if applicable):** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37237 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2014 Medicare Utilization:** 1,501

2007 Work RVU: **2016 Work RVU:** 4.25
2007 NF PE RVU: **2016 NF PE RVU:** 64.81
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.16

RUC Recommendation: 4.25 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37238 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2014 Medicare Utilization:** 34,799

2007 Work RVU: **2016 Work RVU:** 6.29
2007 NF PE RVU: **2016 NF PE RVU:** 111.91
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.92

RUC Recommendation: 6.29 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37239 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** **2014 Medicare Utilization:** 3,688

2007 Work RVU: **2016 Work RVU:** 2.97
2007 NF PE RVU: **2016 NF PE RVU:** 54.15
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.84

RUC Recommendation: 3.34 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37241 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 16,268

2007 Work RVU: **2016 Work RVU:** 9.00
2007 NF PE RVU: **2016 NF PE RVU:** 125.54
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.78

RUC Recommendation: 9.00 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37242 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 7,620

2007 Work RVU: **2016 Work RVU:** 10.05
2007 NF PE RVU: **2016 NF PE RVU:** 206.56
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.11

RUC Recommendation: 11.98 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37243 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 13,396

2007 Work RVU: **2016 Work RVU:** 11.99
2007 NF PE RVU: **2016 NF PE RVU:** 263.45
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.80

RUC Recommendation: 14.00 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37244 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 8,733

2007 Work RVU: **2016 Work RVU:** 14.00
2007 NF PE RVU: **2016 NF PE RVU:** 177.31
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.45

RUC Recommendation: 14.00 **CPT Action (if applicable):** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37250 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** July 2014 **2014 Medicare Utilization:** 9,367

2007 Work RVU: 2.10 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0.77 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37251 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2014 Medicare Utilization:** 9,208

2007 Work RVU: 1.60 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0.54 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37252 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.80 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37253 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.44 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

372X1

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 7.00 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

372X2

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 3.50 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

372X3

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 6.00 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

372X4

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 2.97 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37609 **Ligation or biopsy, temporal artery**

Global: 010 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SVS, ACS

First Identified: September 2007

2014 Medicare Utilization: 16,201

2007 Work RVU: 3.02 **2016 Work RVU:** 3.05
2007 NF PE RVU: 4.43 **2016 NF PE RVU:** 5.23
2007 Fac PE RVU: 1.93 **2016 Fac PE RVU:** 2.35

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

37619 **Ligation of inferior vena cava**

Global: 090 **Issue:** Ligation of Inferior Vena Cava **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 13 **Specialty Developing Recommendation:** ACS, SVS

First Identified:

2014 Medicare Utilization: 120

2007 Work RVU: **2016 Work RVU:** 30.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 11.04

RUC Recommendation: 37.60

CPT Action (if applicable): February 2011

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

37620 **Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)**

Global: 090 **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: February 2010

2014 Medicare Utilization:

2007 Work RVU: 11.49 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 5.52 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2011

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37760 **Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg**

Global: 090 **Issue:** Perorator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS

First Identified: September 2007

2014 Medicare Utilization: 338

2007 Work RVU: 10.69 **2016 Work RVU:** 10.78

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 5.14 **2016 Fac PE RVU:** 4.89

RUC Recommendation: 10.69

CPT Action (if applicable): February 2009

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

37761 **Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg**

Global: 090 **Issue:** Perforator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS

First Identified:

2014 Medicare Utilization: 661

2007 Work RVU: **2016 Work RVU:** 9.13

2007 NF PE RVU: **2016 NF PE RVU:** NA

2007 Fac PE RVU: **2016 Fac PE RVU:** 4.96

RUC Recommendation: 9.00

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

37765 **Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions**

Global: 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACS

First Identified: February 2008

2014 Medicare Utilization: 15,294

2007 Work RVU: 7.63 **2016 Work RVU:** 7.71

2007 NF PE RVU: NA **2016 NF PE RVU:** 9.55

2007 Fac PE RVU: 4.36 **2016 Fac PE RVU:** 3.87

RUC Recommendation: Review September 2016. Non-Facility PE Inputs.

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

37766 **Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions**

Global: 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACS

First Identified: February 2008

2014 Medicare Utilization: 11,696

2007 Work RVU: 9.58 **2016 Work RVU:** 9.66

2007 NF PE RVU: NA **2016 NF PE RVU:** 10.78

2007 Fac PE RVU: 5.01 **2016 Fac PE RVU:** 4.45

RUC Recommendation: Review September 2016. Non-Facility PE Inputs.

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37785 **Ligation, division, and/or excision of varicose vein cluster(s), 1 leg** **Global:** 090 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, SVS, ACS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,935

2007 Work RVU: 3.87 **2016 Work RVU:** 3.93
2007 NF PE RVU: 5.12 **2016 NF PE RVU:** 5.49
2007 Fac PE RVU: 2.69 **2016 Fac PE RVU:** 2.87

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

38220 **Global:** **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** **Specialty Developing Recommendation:** **First Identified:** February 2016 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

38221 **Bone marrow; biopsy, needle or trocar** **Global:** XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 31 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2014 Medicare Utilization:** 126,522

2007 Work RVU: 1.37 **2016 Work RVU:** 1.37
2007 NF PE RVU: 3.64 **2016 NF PE RVU:** 3.29
2007 Fac PE RVU: 0.63 **2016 Fac PE RVU:** 0.69

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

382X3 **Global:** **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** **Specialty Developing Recommendation:** **First Identified:** February 2016 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

38542 **Dissection, deep jugular node(s)** **Global:** 090 **Issue:** Jugular Node Dissection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 40 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2014 Medicare Utilization:** 763

2007 Work RVU: 6.08 **2016 Work RVU:** 7.95
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.3 **2016 Fac PE RVU:** 5.69

RUC Recommendation: 7.85 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

38570 **Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple** **Global:** 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** AUA **First Identified:** January 2014 **2014 Medicare Utilization:** 1,603

2007 Work RVU: 9.28 **2016 Work RVU:** 8.49
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.98 **2016 Fac PE RVU:** 4.61

RUC Recommendation: 9.34 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

38571 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy** **Global:** 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** CMS Fastest Growing / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2014 Medicare Utilization:** 10,539

2007 Work RVU: 14.70 **2016 Work RVU:** 12.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.97 **2016 Fac PE RVU:** 5.65

RUC Recommendation: 12.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

38572 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple** **Global:** 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** ACOG **First Identified:** January 2014 **2014 Medicare Utilization:** 2,471

2007 Work RVU: 16.86 **2016 Work RVU:** 15.60
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.86 **2016 Fac PE RVU:** 8.20

RUC Recommendation: 15.60 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

39400 **Mediastinoscopy, includes biopsy(ies), when performed**

Global: 010 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS **First Identified:** January 2014 **2014 Medicare Utilization:** 8,401

2007 Work RVU: 8.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 4.68 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

39401 **Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed**

Global: **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 5.44 **CPT Action (if applicable):** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

39402 **Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)**

Global: **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 7.50 **CPT Action (if applicable):** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

40490 **Biopsy of lip**

Global: 000 **Issue:** Biopsy of Lip **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS, AAD **First Identified:** April 2011 **2014 Medicare Utilization:** 33,995

2007 Work RVU: 1.22 **2016 Work RVU:** 1.22
2007 NF PE RVU: 1.75 **2016 NF PE RVU:** 2.30
2007 Fac PE RVU: 0.61 **2016 Fac PE RVU:** 0.73

RUC Recommendation: 1.22 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

40650 **Repair lip, full thickness; vermilion only** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Medicare Utilization:** 362

2007 Work RVU: 3.69 **2016 Work RVU:** 3.78
2007 NF PE RVU: 6.58 **2016 NF PE RVU:** 8.43
2007 Fac PE RVU: 3.26 **2016 Fac PE RVU:** 4.35

RUC Recommendation: Refer to CPT Assistant and refer back to PE Subcommittee.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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40800 **Drainage of abscess, cyst, hematoma, vestibule of mouth; simple** **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2014 Medicare Utilization:** 1,347

2007 Work RVU: 1.19 **2016 Work RVU:** 1.23
2007 NF PE RVU: 3.18 **2016 NF PE RVU:** 4.80
2007 Fac PE RVU: 1.8 **2016 Fac PE RVU:** 2.45

RUC Recommendation: Maintain

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

40812 **Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair** **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2014 Medicare Utilization:** 6,502

2007 Work RVU: 2.33 **2016 Work RVU:** 2.37
2007 NF PE RVU: 3.92 **2016 NF PE RVU:** 5.72
2007 Fac PE RVU: 2.37 **2016 Fac PE RVU:** 3.08

RUC Recommendation: Maintain

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

40820 **Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)** **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2014 Medicare Utilization:** 1,004

2007 Work RVU: 1.30 **2016 Work RVU:** 1.34
2007 NF PE RVU: 4.23 **2016 NF PE RVU:** 6.24
2007 Fac PE RVU: 2.54 **2016 Fac PE RVU:** 3.53

RUC Recommendation: Maintain

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

41530 **Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session** **Global:** 000 **Issue:** Submucosal ablation of tongue base **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 26 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** July 2014 **2014 Medicare Utilization:** 2,947

2007 Work RVU: **2016 Work RVU:** 3.50
2007 NF PE RVU: **2016 NF PE RVU:** 24.64
2007 Fac PE RVU: **2016 Fac PE RVU:** 7.04

RUC Recommendation: 3.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

42145 **Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)** **Global:** 090 **Issue:** Palatopharyngoplasty **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 41 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,062

2007 Work RVU: 9.63 **2016 Work RVU:** 9.78
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.33 **2016 Fac PE RVU:** 9.34

RUC Recommendation: 9.63 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

42415 **Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve** **Global:** 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2014 Medicare Utilization:** 5,157

2007 Work RVU: 17.99 **2016 Work RVU:** 17.16
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.11 **2016 Fac PE RVU:** 11.01

RUC Recommendation: 18.12 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

42420 **Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve** **Global:** 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,579

2007 Work RVU: 20.87 **2016 Work RVU:** 19.53
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.46 **2016 Fac PE RVU:** 12.06

RUC Recommendation: 21.00 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

42440 **Excision of submandibular (submaxillary) gland**

Global: 090 **Issue:** Submandibular Gland Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 64 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,978

2007 Work RVU: 7.05 **2016 Work RVU:** 6.14
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.48 **2016 Fac PE RVU:** 4.94

RUC Recommendation: 7.13 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43191 **Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 2,254

2007 Work RVU: **2016 Work RVU:** 2.49
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.63

RUC Recommendation: 2.78 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43192 **Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 80

2007 Work RVU: **2016 Work RVU:** 2.79
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.76

RUC Recommendation: 3.21 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43193 **Esophagoscopy, rigid, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 206

2007 Work RVU: **2016 Work RVU:** 2.79
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.73

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43194 **Esophagoscopy, rigid, transoral; with removal of foreign body(s)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 171

2007 Work RVU: **2016 Work RVU:** 3.51
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.52

RUC Recommendation: 3.99 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

43195 **Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 309

2007 Work RVU: **2016 Work RVU:** 3.07
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.85

RUC Recommendation: 3.21 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

43196 **Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 269

2007 Work RVU: **2016 Work RVU:** 3.31
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.93

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

43197 **Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2014 Medicare Utilization:** 1,350

2007 Work RVU: **2016 Work RVU:** 1.52
2007 NF PE RVU: **2016 NF PE RVU:** 3.66
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.66

RUC Recommendation: 1.59 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43198 **Esophagoscopy, flexible, transnasal; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2014 Medicare Utilization:** 276

2007 Work RVU: **2016 Work RVU:** 1.82
2007 NF PE RVU: **2016 NF PE RVU:** 3.91
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.79

RUC Recommendation: 1.89 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43200 **Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 10,147

2007 Work RVU: 1.59 **2016 Work RVU:** 1.52
2007 NF PE RVU: 3.98 **2016 NF PE RVU:** 6.00
2007 Fac PE RVU: 1.04 **2016 Fac PE RVU:** 0.98

RUC Recommendation: 1.59 **CPT Action (if applicable):** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43201 **Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 402

2007 Work RVU: 2.09 **2016 Work RVU:** 1.82
2007 NF PE RVU: 4.86 **2016 NF PE RVU:** 5.80
2007 Fac PE RVU: 1.12 **2016 Fac PE RVU:** 1.11

RUC Recommendation: 1.90 **CPT Action (if applicable):** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43202 **Esophagoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 3,260

2007 Work RVU: 1.89 **2016 Work RVU:** 1.82
2007 NF PE RVU: 5.44 **2016 NF PE RVU:** 8.23
2007 Fac PE RVU: 0.95 **2016 Fac PE RVU:** 1.10

RUC Recommendation: 1.89 **CPT Action (if applicable):** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43204 **Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 24

2007 Work RVU: 3.76 **2016 Work RVU:** 2.43
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.63 **2016 Fac PE RVU:** 1.38

RUC Recommendation: 2.89 **CPT Action (if applicable):** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43205 **Esophagoscopy, flexible, transoral; with band ligation of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 242

2007 Work RVU: 3.78 **2016 Work RVU:** 2.54
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.66 **2016 Fac PE RVU:** 1.43

RUC Recommendation: 3.00 **CPT Action (if applicable):** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43206 **Esophagoscopy, flexible, transoral; with optical endomicroscopy** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 57

2007 Work RVU: **2016 Work RVU:** 2.39
2007 NF PE RVU: **2016 NF PE RVU:** 6.67
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.39

RUC Recommendation: 2.39 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43211 **Esophagoscopy, flexible, transoral; with endoscopic mucosal resection** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 139

2007 Work RVU: **2016 Work RVU:** 4.30
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.22

RUC Recommendation: 4.58 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43212 **Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 583

2007 Work RVU: **2016 Work RVU:** 3.50
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.64

RUC Recommendation: 3.73 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43213 **Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 491

2007 Work RVU: **2016 Work RVU:** 4.73
2007 NF PE RVU: **2016 NF PE RVU:** 29.44
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.36

RUC Recommendation: 5.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43214 **Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 199

2007 Work RVU: **2016 Work RVU:** 3.50
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.82

RUC Recommendation: 3.78 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43215 **Esophagoscopy, flexible, transoral; with removal of foreign body(s)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 1,291

2007 Work RVU: 2.60 **2016 Work RVU:** 2.54
2007 NF PE RVU: NA **2016 NF PE RVU:** 8.98
2007 Fac PE RVU: 1.22 **2016 Fac PE RVU:** 1.37

RUC Recommendation: 2.60 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43216 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 45

2007 Work RVU: 2.40 **2016 Work RVU:** 2.40
2007 NF PE RVU: 1.55 **2016 NF PE RVU:** 9.07
2007 Fac PE RVU: 1.1 **2016 Fac PE RVU:** 1.38

RUC Recommendation: 2.40 **CPT Action (if applicable):** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43217 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 129

2007 Work RVU: 2.90 **2016 Work RVU:** 2.90
2007 NF PE RVU: 6.85 **2016 NF PE RVU:** 9.38
2007 Fac PE RVU: 1.25 **2016 Fac PE RVU:** 1.54

RUC Recommendation: 2.90 **CPT Action (if applicable):** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43219 **Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 2.80 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.4 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43220 **Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 2,249

2007 Work RVU: 2.10 **2016 Work RVU:** 2.10
2007 NF PE RVU: NA **2016 NF PE RVU:** 29.83
2007 Fac PE RVU: 1.01 **2016 Fac PE RVU:** 1.22

RUC Recommendation: 2.10 **CPT Action (if applicable):** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43226 **Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 2,029

2007 Work RVU: 2.34 **2016 Work RVU:** 2.34
2007 NF PE RVU: NA **2016 NF PE RVU:** 8.14
2007 Fac PE RVU: 1.1 **2016 Fac PE RVU:** 1.30

RUC Recommendation: 2.34 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43227 **Esophagoscopy, flexible, transoral; with control of bleeding, any method**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 425

2007 Work RVU: 3.59 **2016 Work RVU:** 2.99
2007 NF PE RVU: NA **2016 NF PE RVU:** 16.37
2007 Fac PE RVU: 1.55 **2016 Fac PE RVU:** 1.61

RUC Recommendation: 3.26 **CPT Action (if applicable):** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43228 **Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 3.76 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.63 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43229 **Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 4,709

2007 Work RVU: **2016 Work RVU:** 3.59
2007 NF PE RVU: **2016 NF PE RVU:** 16.46
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.88

RUC Recommendation: 3.72 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43231 **Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 494

2007 Work RVU: 3.19 **2016 Work RVU:** 2.90
2007 NF PE RVU: NA **2016 NF PE RVU:** 8.13
2007 Fac PE RVU: 1.42 **2016 Fac PE RVU:** 1.59

RUC Recommendation: 3.19 **CPT Action (if applicable):** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43232 **Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 414

2007 Work RVU: 4.47 **2016 Work RVU:** 3.69
2007 NF PE RVU: NA **2016 NF PE RVU:** 9.48
2007 Fac PE RVU: 1.96 **2016 Fac PE RVU:** 1.85

RUC Recommendation: 3.83 **CPT Action (if applicable):** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43233 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2014 Medicare Utilization:** 1,532

2007 Work RVU: **2016 Work RVU:** 4.17
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.10

RUC Recommendation: 4.45 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43234 **Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 2.01 **2016 Work RVU:**
2007 NF PE RVU: 5.23 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.91 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43235 **Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** EGD **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2014 Medicare Utilization:** 365,967

2007 Work RVU: 2.39 **2016 Work RVU:** 2.19
2007 NF PE RVU: 5.19 **2016 NF PE RVU:** 6.36
2007 Fac PE RVU: 1.11 **2016 Fac PE RVU:** 1.27

RUC Recommendation: 2.26 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43236 **Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2014 Medicare Utilization:** 15,793

2007 Work RVU: 2.92 **2016 Work RVU:** 2.49
2007 NF PE RVU: 6.47 **2016 NF PE RVU:** 8.19
2007 Fac PE RVU: 1.33 **2016 Fac PE RVU:** 1.41

RUC Recommendation: 2.57 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2009 and Jun 2

43237 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 5,269

2007 Work RVU: 3.98 **2016 Work RVU:** 3.57
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.74 **2016 Fac PE RVU:** 1.88

RUC Recommendation: 3.85 **CPT Action (if applicable):** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43238 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 4,001

2007 Work RVU: 5.02 **2016 Work RVU:** 4.26
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.11 **2016 Fac PE RVU:** 2.19

RUC Recommendation: 4.50 **CPT Action (if applicable):** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43239 **Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2014 Medicare Utilization:** 1,407,253

2007 Work RVU: 2.87 **2016 Work RVU:** 2.49
2007 NF PE RVU: 5.79 **2016 NF PE RVU:** 8.47
2007 Fac PE RVU: 1.29 **2016 Fac PE RVU:** 1.40

RUC Recommendation: 2.56 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43240 **Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 544

2007 Work RVU: 6.85 **2016 Work RVU:** 7.25
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.82 **2016 Fac PE RVU:** 3.50

RUC Recommendation: 7.25 **CPT Action (if applicable):** February 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43241 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 3,754

2007 Work RVU: 2.59 **2016 Work RVU:** 2.59
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.18 **2016 Fac PE RVU:** 1.39

RUC Recommendation: 2.59 **CPT Action (if applicable):** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43242 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2014 Medicare Utilization:** 28,412

2007 Work RVU: 7.30 **2016 Work RVU:** 4.83
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.98 **2016 Fac PE RVU:** 2.45

RUC Recommendation: 5.39 **CPT Action (if applicable):** February 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43243 **Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 1,585

2007 Work RVU: 4.56 **2016 Work RVU:** 4.37
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.94 **2016 Fac PE RVU:** 2.18

RUC Recommendation: 4.37 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43244 **Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 18,951

2007 Work RVU: 5.04 **2016 Work RVU:** 4.50
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.14 **2016 Fac PE RVU:** 2.31

RUC Recommendation: 4.50 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43245 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 13,862

2007 Work RVU: 3.18 **2016 Work RVU:** 3.18
2007 NF PE RVU: NA **2016 NF PE RVU:** 13.79
2007 Fac PE RVU: 1.39 **2016 Fac PE RVU:** 1.66

RUC Recommendation: 3.18 **CPT Action (if applicable):** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43246 **Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 100,905

2007 Work RVU: 4.32 **2016 Work RVU:** 3.66
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.8 **2016 Fac PE RVU:** 1.82

RUC Recommendation: 4.32 **CPT Action (if applicable):** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43247 **Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 28,801

2007 Work RVU: 3.38 **2016 Work RVU:** 3.21
2007 NF PE RVU: NA **2016 NF PE RVU:** 8.17
2007 Fac PE RVU: 1.48 **2016 Fac PE RVU:** 1.71

RUC Recommendation: 3.27 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43248 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 102,385

2007 Work RVU: 3.15 **2016 Work RVU:** 3.01
2007 NF PE RVU: NA **2016 NF PE RVU:** 8.21
2007 Fac PE RVU: 1.43 **2016 Fac PE RVU:** 1.64

RUC Recommendation: 3.01 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43249 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 97,822

2007 Work RVU: 2.90 **2016 Work RVU:** 2.77
2007 NF PE RVU: NA **2016 NF PE RVU:** 27.38
2007 Fac PE RVU: 1.32 **2016 Fac PE RVU:** 1.53

RUC Recommendation: 2.77 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43250 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 5,800

2007 Work RVU: 3.20 **2016 Work RVU:** 3.07
2007 NF PE RVU: NA **2016 NF PE RVU:** 9.42
2007 Fac PE RVU: 1.4 **2016 Fac PE RVU:** 1.61

RUC Recommendation: 3.07 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43251 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 28,462

2007 Work RVU: 3.69 **2016 Work RVU:** 3.57
2007 NF PE RVU: NA **2016 NF PE RVU:** 10.14
2007 Fac PE RVU: 1.6 **2016 Fac PE RVU:** 1.88

RUC Recommendation: 3.57 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43253 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2014 Medicare Utilization:** 1,040

2007 Work RVU: **2016 Work RVU:** 4.83
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.44

RUC Recommendation: 5.39 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43254 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2014 Medicare Utilization:** 2,747

2007 Work RVU: **2016 Work RVU:** 4.97
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.49

RUC Recommendation: 5.25 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43255 **Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 56,367

2007 Work RVU: 4.81 **2016 Work RVU:** 3.66
2007 NF PE RVU: NA **2016 NF PE RVU:** 16.61
2007 Fac PE RVU: 2.05 **2016 Fac PE RVU:** 1.93

RUC Recommendation: 4.20 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43256 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 4.34 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.85 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43257 **Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 201

2007 Work RVU: 5.50 **2016 Work RVU:** 4.25
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.16 **2016 Fac PE RVU:** 2.19

RUC Recommendation: 4.25 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43258 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 4.54 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.94 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43259 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2014 Medicare Utilization:** 38,041

2007 Work RVU: 5.19 **2016 Work RVU:** 4.14
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.17 **2016 Fac PE RVU:** 2.15

RUC Recommendation: 4.74 **CPT Action (if applicable):** February 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43260 **Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 8,019

2007 Work RVU: 5.95 **2016 Work RVU:** 5.95
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.49 **2016 Fac PE RVU:** 2.93

RUC Recommendation: 5.95 **CPT Action (if applicable):** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43261 **Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 7,838

2007 Work RVU: 6.26 **2016 Work RVU:** 6.25
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.61 **2016 Fac PE RVU:** 3.07

RUC Recommendation: 6.25 **CPT Action (if applicable):** January 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43262 **Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 35,497

2007 Work RVU: 7.38 **2016 Work RVU:** 6.60
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.03 **2016 Fac PE RVU:** 3.22

RUC Recommendation: 6.60 **CPT Action (if applicable):** January 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43263 **Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 348

2007 Work RVU: 7.28 **2016 Work RVU:** 6.60
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.02 **2016 Fac PE RVU:** 3.23

RUC Recommendation: 7.28 **CPT Action (if applicable):** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43264 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2014 Medicare Utilization:** 47,272

2007 Work RVU: 8.89 **2016 Work RVU:** 6.73
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.61 **2016 Fac PE RVU:** 3.28

RUC Recommendation: 6.73 **CPT Action (if applicable):** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43265 **Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 2,676

2007 Work RVU: 10.00 **2016 Work RVU:** 8.03
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.03 **2016 Fac PE RVU:** 3.85

RUC Recommendation: 8.03 **CPT Action (if applicable):** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43266 **Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2014 Medicare Utilization:** 4,626

2007 Work RVU: **2016 Work RVU:** 4.17
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.05

RUC Recommendation: 4.40 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43267 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 7.38 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.01 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43268 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2014 Medicare Utilization:**

2007 Work RVU: 7.38 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.15 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43269 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 8.20 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.35 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43270 **Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** **2014 Medicare Utilization:** 17,179

2007 Work RVU: **2016 Work RVU:** 4.26
2007 NF PE RVU: **2016 NF PE RVU:** 16.55
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.19

RUC Recommendation: 4.39 **CPT Action (if applicable):** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43271 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 7.38 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.03 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43272 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 7.38 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.05 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43273 **Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)**

Global: ZZZ **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 4,400

2007 Work RVU: **2016 Work RVU:** 2.24
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.99

RUC Recommendation: 2.24 **CPT Action (if applicable):** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43274 **Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 37,499

2007 Work RVU: **2016 Work RVU:** 8.58
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.10

RUC Recommendation: 8.74 **CPT Action (if applicable):** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43275 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 11,598

2007 Work RVU: **2016 Work RVU:** 6.96
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.38

RUC Recommendation: 6.96 **CPT Action (if applicable):** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43276 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 12,063

2007 Work RVU: **2016 Work RVU:** 8.94
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.25

RUC Recommendation: 9.10 **CPT Action (if applicable):** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43277 **Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 6,459

2007 Work RVU: **2016 Work RVU:** 7.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.40

RUC Recommendation: 7.11 **CPT Action (if applicable):** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43278 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 436

2007 Work RVU: **2016 Work RVU:** 8.02
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.85

RUC Recommendation: 8.08 **CPT Action (if applicable):** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43450 **Dilation of esophagus, by unguided sound or bougie, single or multiple passes**

Global: 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2014 Medicare Utilization:** 72,186

2007 Work RVU: 1.38 **2016 Work RVU:** 1.38
2007 NF PE RVU: 2.64 **2016 NF PE RVU:** 4.46
2007 Fac PE RVU: 0.75 **2016 Fac PE RVU:** 0.92

RUC Recommendation: 1.30 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43453 **Dilation of esophagus, over guide wire**

Global: 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2014 Medicare Utilization:** 2,415

2007 Work RVU: 1.51 **2016 Work RVU:** 1.51
2007 NF PE RVU: 6.12 **2016 NF PE RVU:** 25.75
2007 Fac PE RVU: 0.8 **2016 Fac PE RVU:** 0.97

RUC Recommendation: 1.51 **CPT Action (if applicable):** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43456 **Dilation of esophagus, by balloon or dilator, retrograde**

Global: 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 2.57 **2016 Work RVU:**
2007 NF PE RVU: 13.55 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.2 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43458 **Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 3.06 **2016 Work RVU:**
2007 NF PE RVU: 6.72 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.37 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

44143 **Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)** **Global:** 090 **Issue:** RAW **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 11,318

2007 Work RVU: 27.63 **2016 Work RVU:** 27.79
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.6 **2016 Fac PE RVU:** 14.18

RUC Recommendation: 99214 visit appropriate. Remove from screen. **CPT Action (if applicable):** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

44205 **Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** October 2008 **2014 Medicare Utilization:** 10,581

2007 Work RVU: 22.86 **2016 Work RVU:** 22.95
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.6 **2016 Fac PE RVU:** 11.02

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

44207 **Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** February 2008 **2014 Medicare Utilization:** 7,691

2007 Work RVU: 31.79 **2016 Work RVU:** 31.92
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.17 **2016 Fac PE RVU:** 14.44

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44380 **Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2014 Medicare Utilization:** 2,482

2007 Work RVU: 1.05 **2016 Work RVU:** 0.97
2007 NF PE RVU: NA **2016 NF PE RVU:** 5.16
2007 Fac PE RVU: 0.6 **2016 Fac PE RVU:** 0.71

RUC Recommendation: 0.97 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44381 **Ileoscopy, through stoma; with transendoscopic balloon dilation**

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.48
2007 NF PE RVU: **2016 NF PE RVU:** 26.70
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.94

RUC Recommendation: 1.48 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44382 **Ileoscopy, through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Ileoscopy Ileoscopy Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2014 Medicare Utilization:** 1,471

2007 Work RVU: 1.27 **2016 Work RVU:** 1.27
2007 NF PE RVU: NA **2016 NF PE RVU:** 7.65
2007 Fac PE RVU: 0.67 **2016 Fac PE RVU:** 0.86

RUC Recommendation: 1.27 **CPT Action (if applicable):** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

44383 **Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2014 Medicare Utilization:** 206

2007 Work RVU: 2.94 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.36 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44384 **Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 2.95
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.29

RUC Recommendation: 3.11 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44385 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 1,308

2007 Work RVU: 1.82 **2016 Work RVU:** 1.30
2007 NF PE RVU: 3.73 **2016 NF PE RVU:** 5.43
2007 Fac PE RVU: 0.79 **2016 Fac PE RVU:** 0.76

RUC Recommendation: 1.30 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44386 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple** **Global:** 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 1,205

2007 Work RVU: 2.12 **2016 Work RVU:** 1.60
2007 NF PE RVU: 6.66 **2016 NF PE RVU:** 7.90
2007 Fac PE RVU: 0.93 **2016 Fac PE RVU:** 0.94

RUC Recommendation: 1.60 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44388 **Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2014 Medicare Utilization:** 4,659

2007 Work RVU: 2.82 **2016 Work RVU:** 2.82
2007 NF PE RVU: 5.34 **2016 NF PE RVU:** 6.77
2007 Fac PE RVU: 1.21 **2016 Fac PE RVU:** 1.48

RUC Recommendation: 2.82 **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

44389 **Colonoscopy through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2014 Medicare Utilization:** 2,204

2007 Work RVU: 3.13 **2016 Work RVU:** 3.12
2007 NF PE RVU: 6.73 **2016 NF PE RVU:** 9.09
2007 Fac PE RVU: 1.35 **2016 Fac PE RVU:** 1.64

RUC Recommendation: 3.12 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44390 **Colonoscopy through stoma; with removal of foreign body(s)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2014 Medicare Utilization:** 28

2007 Work RVU: 3.82 **2016 Work RVU:** 3.84
2007 NF PE RVU: 7.32 **2016 NF PE RVU:** 8.30
2007 Fac PE RVU: 1.57 **2016 Fac PE RVU:** 2.01

RUC Recommendation: 3.82 **CPT Action (if applicable):** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44391 **Colonoscopy through stoma; with control of bleeding, any method** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2014 Medicare Utilization:** 201

2007 Work RVU: 4.31 **2016 Work RVU:** 4.22
2007 NF PE RVU: 8.78 **2016 NF PE RVU:** 17.01
2007 Fac PE RVU: 1.83 **2016 Fac PE RVU:** 2.15

RUC Recommendation: 4.22 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44392 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2014 Medicare Utilization:** 614

2007 Work RVU: 3.81 **2016 Work RVU:** 3.63
2007 NF PE RVU: 6.78 **2016 NF PE RVU:** 7.71
2007 Fac PE RVU: 1.55 **2016 Fac PE RVU:** 1.80

RUC Recommendation: 3.63 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44393 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2014 Medicare Utilization:** 145

2007 Work RVU: 4.83 **2016 Work RVU:**
2007 NF PE RVU: 7.14 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.91 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44394 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2014 Medicare Utilization:** 1,485

2007 Work RVU: 4.42 **2016 Work RVU:** 4.13
2007 NF PE RVU: 7.97 **2016 NF PE RVU:** 8.67
2007 Fac PE RVU: 1.81 **2016 Fac PE RVU:** 2.06

RUC Recommendation: 4.13 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44397 **Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2014 Medicare Utilization:** 9

2007 Work RVU: 4.70 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.93 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44401 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.44
2007 NF PE RVU: **2016 NF PE RVU:** 87.43
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.17

RUC Recommendation: 4.44 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44402 **Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.80
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.36

RUC Recommendation: 4.96 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44403 **Colonoscopy through stoma; with endoscopic mucosal resection**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 5.60
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.64

RUC Recommendation: 5.81 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44404 **Colonoscopy through stoma; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 3.12
2007 NF PE RVU: **2016 NF PE RVU:** 8.53
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.62

RUC Recommendation: 3.13 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44405 **Colonoscopy through stoma; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 3.33
2007 NF PE RVU: **2016 NF PE RVU:** 13.55
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.71

RUC Recommendation: 3.33 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44406 **Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.20
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.07

RUC Recommendation: 4.41 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44407 **Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 5.06
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.42

RUC Recommendation: 5.06 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44408 **Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.24
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.09

RUC Recommendation: 4.24

CPT Action (if applicable): October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44901 **Incision and drainage of appendiceal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2014 Medicare Utilization:**

2007 Work RVU: 3.37 **2016 Work RVU:**
2007 NF PE RVU: 25.61 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.07 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

44970 **Laparoscopy, surgical, appendectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS

First Identified: October 2008 **2014 Medicare Utilization:** 19,474

2007 Work RVU: 9.35 **2016 Work RVU:** 9.45
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.11 **2016 Fac PE RVU:** 5.73

RUC Recommendation: Remove from screen

CPT Action (if applicable): **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45170 **Deleted from CPT**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2014 Medicare Utilization:**

2007 Work RVU: 12.48 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 5.28 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45171 **Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2014 Medicare Utilization:** 2,916

2007 Work RVU: **2016 Work RVU:** 8.13
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 7.62

RUC Recommendation: 8.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45172 **Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,992

2007 Work RVU: **2016 Work RVU:** 12.13
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 9.04

RUC Recommendation: 12.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45330 **Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** April 2011 **2014 Medicare Utilization:** 56,294

2007 Work RVU: 0.96 **2016 Work RVU:** 0.84
2007 NF PE RVU: 2.33 **2016 NF PE RVU:** 3.78
2007 Fac PE RVU: 0.53 **2016 Fac PE RVU:** 0.67

RUC Recommendation: 0.84 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45331 **Sigmoidoscopy, flexible; with biopsy, single or multiple**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 36,054

2007 Work RVU: 1.15 **2016 Work RVU:** 1.14
2007 NF PE RVU: 3.11 **2016 NF PE RVU:** 5.99
2007 Fac PE RVU: 0.64 **2016 Fac PE RVU:** 0.82

RUC Recommendation: 1.14 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45332 **Sigmoidoscopy, flexible; with removal of foreign body(s)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 332

2007 Work RVU: 1.79 **2016 Work RVU:** 1.86
2007 NF PE RVU: 5.15 **2016 NF PE RVU:** 6.69
2007 Fac PE RVU: 0.86 **2016 Fac PE RVU:** 1.11

RUC Recommendation: 1.85 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45333 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 1,329

2007 Work RVU: 1.79 **2016 Work RVU:** 1.65
2007 NF PE RVU: 5.06 **2016 NF PE RVU:** 8.01
2007 Fac PE RVU: 0.85 **2016 Fac PE RVU:** 1.01

RUC Recommendation: 1.65 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45334 **Sigmoidoscopy, flexible; with control of bleeding, any method** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 3,288

2007 Work RVU: 2.73 **2016 Work RVU:** 2.10
2007 NF PE RVU: NA **2016 NF PE RVU:** 14.94
2007 Fac PE RVU: 1.24 **2016 Fac PE RVU:** 1.23

RUC Recommendation: 2.10 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45335 **Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 2,929

2007 Work RVU: 1.46 **2016 Work RVU:** 1.14
2007 NF PE RVU: 3.74 **2016 NF PE RVU:** 6.91
2007 Fac PE RVU: 0.75 **2016 Fac PE RVU:** 0.80

RUC Recommendation: 1.15 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45337 **Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 1,001

2007 Work RVU: 2.36 **2016 Work RVU:** 2.20
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.06 **2016 Fac PE RVU:** 1.02

RUC Recommendation: 2.20 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45338 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 4,746

2007 Work RVU: 2.34 **2016 Work RVU:** 2.15
2007 NF PE RVU: 5.37 **2016 NF PE RVU:** 6.77
2007 Fac PE RVU: 1.07 **2016 Fac PE RVU:** 1.24

RUC Recommendation: 2.15 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45339 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 1,575

2007 Work RVU: 3.14 **2016 Work RVU:**
2007 NF PE RVU: 4.03 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.38 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45340 **Sigmoidoscopy, flexible; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 1,216

2007 Work RVU: 1.89 **2016 Work RVU:** 1.35
2007 NF PE RVU: 7.18 **2016 NF PE RVU:** 12.37
2007 Fac PE RVU: 0.89 **2016 Fac PE RVU:** 0.89

RUC Recommendation: 1.35 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45341 **Sigmoidoscopy, flexible; with endoscopic ultrasound examination** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2014 Medicare Utilization:** 3,539

2007 Work RVU: 2.60 **2016 Work RVU:** 2.22
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.17 **2016 Fac PE RVU:** 1.29

RUC Recommendation: 2.43 **CPT Action (if applicable):** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

45342 **Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2014 Medicare Utilization:** 372

2007 Work RVU: 4.05 **2016 Work RVU:** 3.08
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.71 **2016 Fac PE RVU:** 1.68

RUC Recommendation: 3.08 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45345 **Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 526

2007 Work RVU: 2.92 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.26 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45346 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 2.91
2007 NF PE RVU: **2016 NF PE RVU:** 85.33
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.55

RUC Recommendation: 2.97 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45347 **Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 2.82
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.49

RUC Recommendation: 2.98 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45349 **Sigmoidoscopy, flexible; with endoscopic mucosal resection**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 3.62
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.83

RUC Recommendation: 3.83 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45350 **Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.78
2007 NF PE RVU: **2016 NF PE RVU:** 14.54
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.06

RUC Recommendation: 1.78 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45355 **Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple** **Global:** 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2014 Medicare Utilization:** 501

2007 Work RVU: 3.51 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.43 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45378 **Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS High Expenditure Procedural Codes1 / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 498,528

2007 Work RVU: 3.69 **2016 Work RVU:** 3.36
2007 NF PE RVU: 6.2 **2016 NF PE RVU:** 6.94
2007 Fac PE RVU: 1.57 **2016 Fac PE RVU:** 1.75

RUC Recommendation: 3.36 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45379 **Colonoscopy, flexible; with removal of foreign body(s)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 871

2007 Work RVU: 4.68 **2016 Work RVU:** 4.38
2007 NF PE RVU: 7.78 **2016 NF PE RVU:** 8.61
2007 Fac PE RVU: 1.92 **2016 Fac PE RVU:** 2.20

RUC Recommendation: 4.37 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45380 **Colonoscopy, flexible; with biopsy, single or multiple** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2014 Medicare Utilization:** 933,219

2007 Work RVU: 4.43 **2016 Work RVU:** 3.66
2007 NF PE RVU: 7.33 **2016 NF PE RVU:** 9.18
2007 Fac PE RVU: 1.87 **2016 Fac PE RVU:** 1.91

RUC Recommendation: 3.66 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45381 **Colonoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2008 **2014 Medicare Utilization:** 77,305

2007 Work RVU: 4.19 **2016 Work RVU:** 3.66
2007 NF PE RVU: 7.26 **2016 NF PE RVU:** 8.68
2007 Fac PE RVU: 1.79 **2016 Fac PE RVU:** 1.91

RUC Recommendation: 3.67 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2010

Status Report: CMS Requests and Relativity Assessment Issues

45382 **Colonoscopy, flexible; with control of bleeding, any method**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 23,549

2007 Work RVU: 5.68 **2016 Work RVU:** 4.76
2007 NF PE RVU: 10.04 **2016 NF PE RVU:** 17.17
2007 Fac PE RVU: 2.37 **2016 Fac PE RVU:** 2.40

RUC Recommendation: 4.76 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45383 **Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 48,813

2007 Work RVU: 5.86 **2016 Work RVU:**
2007 NF PE RVU: 8.08 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.34 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45384 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 130,877

2007 Work RVU: 4.69 **2016 Work RVU:** 4.17
2007 NF PE RVU: 6.9 **2016 NF PE RVU:** 9.83
2007 Fac PE RVU: 1.93 **2016 Fac PE RVU:** 2.07

RUC Recommendation: 4.17 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45385 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2014 Medicare Utilization:** 741,084

2007 Work RVU: 5.30 **2016 Work RVU:** 4.67
2007 NF PE RVU: 7.94 **2016 NF PE RVU:** 8.68
2007 Fac PE RVU: 2.18 **2016 Fac PE RVU:** 2.35

RUC Recommendation: 4.67 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45386 **Colonoscopy, flexible; with transendoscopic balloon dilation**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 2,297

2007 Work RVU: 4.57 **2016 Work RVU:** 3.87
2007 NF PE RVU: 12.37 **2016 NF PE RVU:** 14.21
2007 Fac PE RVU: 1.89 **2016 Fac PE RVU:** 1.97

RUC Recommendation: 3.87 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45387 **Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 638

2007 Work RVU: 5.90 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 2.49 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45388 **Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.98
2007 NF PE RVU: **2016 NF PE RVU:** 87.40
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.42

RUC Recommendation: 4.98 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45389 **Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 5.34
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.60

RUC Recommendation: 5.50 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45390 **Colonoscopy, flexible; with endoscopic mucosal resection**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 6.14
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.87

RUC Recommendation: 6.35 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45391 **Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 820

2007 Work RVU: 5.09 **2016 Work RVU:** 4.74
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.13 **2016 Fac PE RVU:** 2.38

RUC Recommendation: 4.95 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45392 **Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 107

2007 Work RVU: 6.54 **2016 Work RVU:** 5.60
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.65 **2016 Fac PE RVU:** 2.76

RUC Recommendation: 5.60 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45393 **Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.78
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.12

RUC Recommendation: 4.78 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45398 **Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.30
2007 NF PE RVU: **2016 NF PE RVU:** 15.86
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.11

RUC Recommendation: 4.30 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

46200 **Fissurectomy, including sphincterotomy, when performed** **Global:** 090 **Issue:** Fissurectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,314

2007 Work RVU: 3.48 **2016 Work RVU:** 3.59
2007 NF PE RVU: 4.46 **2016 NF PE RVU:** 8.46
2007 Fac PE RVU: 3.08 **2016 Fac PE RVU:** 5.10

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

46500 **Injection of sclerosing solution, hemorrhoids** **Global:** 010 **Issue:** Hemorrhoid Injection **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 13 **Specialty Developing Recommendation:** ACS, ASCRS (colon) **First Identified:** January 2014 **2014 Medicare Utilization:** 12,161

2007 Work RVU: 1.64 **2016 Work RVU:** 1.42
2007 NF PE RVU: 2.48 **2016 NF PE RVU:** 3.89
2007 Fac PE RVU: 1.18 **2016 Fac PE RVU:** 1.90

RUC Recommendation: 1.69 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47011 **Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2014 Medicare Utilization:**

2007 Work RVU: 3.69 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.17 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47135 **Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** Liver Allotransplantation **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 14 **Specialty Developing Recommendation:** ACS, ASTS

First Identified: January 2014 **2014 Medicare Utilization:** 1,396

2007 Work RVU: 83.29 **2016 Work RVU:** 90.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 30.59 **2016 Fac PE RVU:** 44.39

RUC Recommendation: 91.78

CPT Action (if applicable): **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47136 **Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACS, ASTS

First Identified: April 2014 **2014 Medicare Utilization:**

2007 Work RVU: 70.39 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 26.2 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47382 **Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency**

Global: 010 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 13 **Specialty Developing Recommendation:** ACR, SIR

First Identified: NA

2014 Medicare Utilization: 2,070

2007 Work RVU: 15.19 **2016 Work RVU:** 15.22

2007 NF PE RVU: NA **2016 NF PE RVU:** 125.61

2007 Fac PE RVU: 5.83 **2016 Fac PE RVU:** 5.74

RUC Recommendation: New PE Inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

47490 **Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation**

Global: 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 04 **Specialty Developing Recommendation:** ACR

First Identified: October 2008

2014 Medicare Utilization: 9,651

2007 Work RVU: 8.05 **2016 Work RVU:** 4.76

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 5.32 **2016 Fac PE RVU:** 4.40

RUC Recommendation: 4.76

CPT Action (if applicable): June 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

47500 **Injection procedure for percutaneous transhepatic cholangiography**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012

2014 Medicare Utilization: 5,072

2007 Work RVU: 1.96 **2016 Work RVU:**

2007 NF PE RVU: NA **2016 NF PE RVU:**

2007 Fac PE RVU: 0.62 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47505 **Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2014 Medicare Utilization:** 16,619

2007 Work RVU: 0.76 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0.24 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47510 **Introduction of percutaneous transhepatic catheter for biliary drainage**

Global: 090 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2014 Medicare Utilization:** 2,014

2007 Work RVU: 7.94 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 4.76 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47511 **Introduction of percutaneous transhepatic stent for internal and external biliary drainage**

Global: 090 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2014 Medicare Utilization:** 4,919

2007 Work RVU: 10.74 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 4.87 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47525 **Change of percutaneous biliary drainage catheter**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2008 **2014 Medicare Utilization:** 12,655

2007 Work RVU: 5.55 **2016 Work RVU:**
2007 NF PE RVU: 14.8 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.67 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47530 **Revision and/or reinsertion of transhepatic tube**

Global: 090 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2014 Medicare Utilization:** 210

2007 Work RVU: 5.96 **2016 Work RVU:**
2007 NF PE RVU: 32.56 **2016 NF PE RVU:**
2007 Fac PE RVU: 3.53 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47531 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.80
2007 NF PE RVU: **2016 NF PE RVU:** 8.59
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.81

RUC Recommendation: 1.30

CPT Action (if applicable): February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47532 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.25
2007 NF PE RVU: **2016 NF PE RVU:** 18.54
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.57

RUC Recommendation: 4.50 **CPT Action (if applicable):** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

47533 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 6.00
2007 NF PE RVU: **2016 NF PE RVU:** 31.20
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.16

RUC Recommendation: 5.63 **CPT Action (if applicable):** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

47534 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 8.03
2007 NF PE RVU: **2016 NF PE RVU:** 37.74
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.78

RUC Recommendation: 7.85 **CPT Action (if applicable):** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47535 **Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.50
2007 NF PE RVU: **2016 NF PE RVU:** 26.26
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.68

RUC Recommendation: 4.20 **CPT Action (if applicable):** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

47536 **Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 2.88
2007 NF PE RVU: **2016 NF PE RVU:** 19.98
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.14

RUC Recommendation: 2.86 **CPT Action (if applicable):** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

47537 **Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.83
2007 NF PE RVU: **2016 NF PE RVU:** 9.37
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.82

RUC Recommendation: 1.85 **CPT Action (if applicable):** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47538 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 6.60
2007 NF PE RVU: **2016 NF PE RVU:** 120.38
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.35

RUC Recommendation: 5.00 **CPT Action (if applicable):** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

47539 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 9.00
2007 NF PE RVU: **2016 NF PE RVU:** 129.63
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.09

RUC Recommendation: 9.00 **CPT Action (if applicable):** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

47540 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 10.75
2007 NF PE RVU: **2016 NF PE RVU:** 133.28
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.69

RUC Recommendation: 9.28 **CPT Action (if applicable):** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47541 **Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 5.61
2007 NF PE RVU: **2016 NF PE RVU:** 27.29
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.01

RUC Recommendation: 7.00 **CPT Action (if applicable):** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

47542 **Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 2.50
2007 NF PE RVU: **2016 NF PE RVU:** 11.56
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.78

RUC Recommendation: 2.85 **CPT Action (if applicable):** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

47543 **Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 3.07
2007 NF PE RVU: **2016 NF PE RVU:** 33.88
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.08

RUC Recommendation: 3.00 **CPT Action (if applicable):** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47544 **Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 4.29
2007 NF PE RVU: **2016 NF PE RVU:** 18.30
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.40

RUC Recommendation: 3.28 **CPT Action (if applicable):** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47560 **Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy** **Global:** 000 **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2014 Medicare Utilization:** 60

2007 Work RVU: 4.88 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.57 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

47562 **Laparoscopy, surgical; cholecystectomy** **Global:** 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACS **First Identified:** September 2011 **2014 Medicare Utilization:** 109,672

2007 Work RVU: 11.63 **2016 Work RVU:** 10.47
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.06 **2016 Fac PE RVU:** 6.11

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47563 **Laparoscopy, surgical; cholecystectomy with cholangiography**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: September 2011 **2014 Medicare Utilization:** 48,553

2007 Work RVU: 12.03 **2016 Work RVU:** 11.47
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.24 **2016 Fac PE RVU:** 6.51

RUC Recommendation: No further action. 12.11

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

47600 **Cholecystectomy;**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES

First Identified: September 2011 **2014 Medicare Utilization:** 12,009

2007 Work RVU: 17.35 **2016 Work RVU:** 17.48
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.4 **2016 Fac PE RVU:** 9.35

RUC Recommendation: 20.00

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

47605 **Cholecystectomy; with cholangiography**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES

First Identified: September 2011 **2014 Medicare Utilization:** 2,499

2007 Work RVU: 15.90 **2016 Work RVU:** 18.48
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.47 **2016 Fac PE RVU:** 9.73

RUC Recommendation: 21.00

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

48102 **Biopsy of pancreas, percutaneous needle**

Global: 010 **Issue:** Percutaneous Needle Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SIR

First Identified: September 2007 **2014 Medicare Utilization:** 1,547

2007 Work RVU: 4.68 **2016 Work RVU:** 4.70
2007 NF PE RVU: 8.21 **2016 NF PE RVU:** 10.06
2007 Fac PE RVU: 1.85 **2016 Fac PE RVU:** 1.90

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

48511 **External drainage, pseudocyst of pancreas; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2014 Medicare Utilization:**

2007 Work RVU: 3.99 **2016 Work RVU:**
2007 NF PE RVU: 20.43 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.27 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49021 **Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2014 Medicare Utilization:**

2007 Work RVU: 3.37 **2016 Work RVU:**
2007 NF PE RVU: 20.43 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.07 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49041 **Drainage of subdiaphragmatic or subphrenic abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2014 Medicare Utilization:**

2007 Work RVU: 3.99 **2016 Work RVU:**
2007 NF PE RVU: 19.33 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.27 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49061 **Drainage of retroperitoneal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2014 Medicare Utilization:**

2007 Work RVU: 3.69 **2016 Work RVU:**
2007 NF PE RVU: 19.38 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.17 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49080 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial**

Global: 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** October 2009 **2014 Medicare Utilization:**

2007 Work RVU: 1.35 **2016 Work RVU:**
2007 NF PE RVU: 3.63 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.45 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49081 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent**

Global: 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 1.26 **2016 Work RVU:**
2007 NF PE RVU: 2.65 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.43 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49082 **Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance**

Global: 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2014 Medicare Utilization:** 12,934

2007 Work RVU: **2016 Work RVU:** 1.24
2007 NF PE RVU: **2016 NF PE RVU:** 4.06
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.75

RUC Recommendation: 1.35 **CPT Action (if applicable):** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49083 **Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance**

Global: 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2014 Medicare Utilization:** 205,152

2007 Work RVU: **2016 Work RVU:** 2.00
2007 NF PE RVU: **2016 NF PE RVU:** 6.15
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.97

RUC Recommendation: 2.00 **CPT Action (if applicable):** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49084 **Peritoneal lavage, including imaging guidance, when performed**

Global: 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2014 Medicare Utilization:** 2,213

2007 Work RVU: **2016 Work RVU:** 2.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.72

RUC Recommendation: 2.50 **CPT Action (if applicable):** June 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49405 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2014 Medicare Utilization:** 6,450

2007 Work RVU: **2016 Work RVU:** 4.25
2007 NF PE RVU: **2016 NF PE RVU:** 20.21
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.51

RUC Recommendation: 4.25 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49406 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2014 Medicare Utilization:** 30,598

2007 Work RVU: **2016 Work RVU:** 4.25
2007 NF PE RVU: **2016 NF PE RVU:** 20.23
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.52

RUC Recommendation: 4.25 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49407 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2014 Medicare Utilization:** 305

2007 Work RVU: **2016 Work RVU:** 4.50
2007 NF PE RVU: **2016 NF PE RVU:** 15.79
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.62

RUC Recommendation: 4.50 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49418 **Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: **2014 Medicare Utilization:** 4,728

2007 Work RVU: **2016 Work RVU:** 4.21
2007 NF PE RVU: **2016 NF PE RVU:** 36.08
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.68

RUC Recommendation: 4.21

CPT Action (if applicable): February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49420 **Deleted from CPT**

Global: 000 **Issue:** Insertion of Intraperitoneal Cannula or Catheter **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACS

First Identified: April 2008 **2014 Medicare Utilization:**

2007 Work RVU: 2.22 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.11 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49421 **Insertion of tunneled intraperitoneal catheter for dialysis, open**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: September 2007 **2014 Medicare Utilization:** 3,168

2007 Work RVU: 5.87 **2016 Work RVU:** 4.21
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.15 **2016 Fac PE RVU:** 1.53

RUC Recommendation: 4.21

CPT Action (if applicable): February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49505 **Repair initial inguinal hernia, age 5 years or older; reducible** **Global:** 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** September 2011 **2014 Medicare Utilization:** 71,319

2007 Work RVU: 7.88 **2016 Work RVU:** 7.96
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.78 **2016 Fac PE RVU:** 5.22

RUC Recommendation: Reaffirmed **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

49507 **Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2014 Medicare Utilization:** 11,887

2007 Work RVU: 9.97 **2016 Work RVU:** 9.09
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.46 **2016 Fac PE RVU:** 5.70

RUC Recommendation: 10.05 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

49521 **Repair recurrent inguinal hernia, any age; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2014 Medicare Utilization:** 2,380

2007 Work RVU: 12.36 **2016 Work RVU:** 11.48
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.18 **2016 Fac PE RVU:** 6.54

RUC Recommendation: 12.44 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

49587 **Repair umbilical hernia, age 5 years or older; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2014 Medicare Utilization:** 9,149

2007 Work RVU: 7.96 **2016 Work RVU:** 7.08
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.77 **2016 Fac PE RVU:** 5.00

RUC Recommendation: 8.04 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

49652 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible**

Global: 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2014 Medicare Utilization:** 7,678

2007 Work RVU: **2016 Work RVU:** 11.92
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 6.83

RUC Recommendation: 12.88 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

49653 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2014 Medicare Utilization:** 3,841

2007 Work RVU: **2016 Work RVU:** 14.94
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 8.42

RUC Recommendation: 16.21 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

49654 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible**

Global: 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2014 Medicare Utilization:** 6,542

2007 Work RVU: **2016 Work RVU:** 13.76
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 7.48

RUC Recommendation: 15.03 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

49655 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2014 Medicare Utilization:** 3,869

2007 Work RVU: **2016 Work RVU:** 16.84
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 9.10

RUC Recommendation: 18.11 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50021 **Drainage of perirenal or renal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2014 Medicare Utilization:**

2007 Work RVU: 3.37 **2016 Work RVU:**
2007 NF PE RVU: 21.23 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.07 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50200 **Renal biopsy; percutaneous, by trocar or needle**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 13 **Specialty Developing Recommendation:** ACR, SIR

First Identified: NA **2014 Medicare Utilization:** 33,823

2007 Work RVU: 2.63 **2016 Work RVU:** 2.63
2007 NF PE RVU: NA **2016 NF PE RVU:** 14.54
2007 Fac PE RVU: 1.24 **2016 Fac PE RVU:** 1.22

RUC Recommendation: New PE Inputs

CPT Action (if applicable): **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

50360 **Renal allotransplantation, implantation of graft; without recipient nephrectomy**

Global: 090 **Issue:** Renal Allotransplantation **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR

First Identified: **2014 Medicare Utilization:** 9,954

2007 Work RVU: 40.45 **2016 Work RVU:** 39.88
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 16.32 **2016 Fac PE RVU:** 21.02

RUC Recommendation: 40.90

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50387 **Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2014 Medicare Utilization:** 5,771

2007 Work RVU: 2.00 **2016 Work RVU:** 2.00
2007 NF PE RVU: 16.66 **2016 NF PE RVU:** 13.29
2007 Fac PE RVU: 0.65 **2016 Fac PE RVU:** 0.64

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

50392 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2014 Medicare Utilization:** 22,504

2007 Work RVU: 3.37 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.46 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50393 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2014 Medicare Utilization:** 12,844

2007 Work RVU: 4.15 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.71 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50394 **Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2014 Medicare Utilization:** 23,077

2007 Work RVU: 0.76 **2016 Work RVU:**
2007 NF PE RVU: 2.45 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.63 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50395 **Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2014 Medicare Utilization:** 3,636

2007 Work RVU: 3.37 **2016 Work RVU:** 3.37
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.47 **2016 Fac PE RVU:** 1.47

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2014 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

50398 **Change of nephrostomy or pyelostomy tube**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2014 Medicare Utilization:** 33,929

2007 Work RVU: 1.46 **2016 Work RVU:**
2007 NF PE RVU: 15.06 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.51 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50430 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 3.15 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50431 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.42 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50432 **Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 5.75 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50434 **Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 4.20 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50435 **Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50542 **Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2014 Medicare Utilization:** 350

2007 Work RVU: 21.18 **2016 Work RVU:** 21.36
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.93 **2016 Fac PE RVU:** 9.76

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50548 **Laparoscopy, surgical; nephrectomy with total ureterectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008 **2014 Medicare Utilization:** 2,056

2007 Work RVU: 25.26 **2016 Work RVU:** 25.36
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.99 **2016 Fac PE RVU:** 10.50

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

50590 **Lithotripsy, extracorporeal shock wave**

Global: 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 42 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2014 Medicare Utilization:** 60,346

2007 Work RVU: 9.64 **2016 Work RVU:** 9.77
2007 NF PE RVU: 13.6 **2016 NF PE RVU:** 9.65
2007 Fac PE RVU: 4.65 **2016 Fac PE RVU:** 5.44

RUC Recommendation: 9.77

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

50605 **Ureterotomy for insertion of indwelling stent, all types**

Global: 090 **Issue:** Ureterotomy **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA, SIR

First Identified: October 2008 **2014 Medicare Utilization:** 2,928

2007 Work RVU: 16.66 **2016 Work RVU:** 16.79
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.06 **2016 Fac PE RVU:** 8.32

RUC Recommendation: Review action plan at the RAW Oct 2015. CPT Assistant article published.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Status Report: CMS Requests and Relativity Assessment Issues

50606 **Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 3.16 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50693 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 4.60 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50694 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 6.00 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50695 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 7.55 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50705 **Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 4.03 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50706 **Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 3.80 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51040 **Cystostomy, cystotomy with drainage**

Global: 090 **Issue:** Cystostomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2014 Medicare Utilization:** 5,884

2007 Work RVU: 4.43 **2016 Work RVU:** 4.49
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.01 **2016 Fac PE RVU:** 3.29

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

51102 **Aspiration of bladder; with insertion of suprapubic catheter**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2014 Medicare Utilization:** 13,858

2007 Work RVU: **2016 Work RVU:** 2.70
2007 NF PE RVU: **2016 NF PE RVU:** 3.46
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.17

RUC Recommendation: 2.70

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

51700 **Bladder irrigation, simple, lavage and/or instillation**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2014 Medicare Utilization:** 177,362

2007 Work RVU: 0.88 **2016 Work RVU:** 0.88
2007 NF PE RVU: 1.58 **2016 NF PE RVU:** 1.38
2007 Fac PE RVU: 0.3 **2016 Fac PE RVU:** 0.31

RUC Recommendation: 0.60

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

51701 **Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2014 Medicare Utilization:** 174,401

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 1.45 **2016 NF PE RVU:** 0.99
2007 Fac PE RVU: 0.21 **2016 Fac PE RVU:** 0.24

RUC Recommendation: 0.50

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

51702 **Insertion of temporary indwelling bladder catheter; simple (eg, Foley)** **Global:** 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2014 Medicare Utilization:** 218,767

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 1.94 **2016 NF PE RVU:** 1.44
2007 Fac PE RVU: 0.27 **2016 Fac PE RVU:** 0.31

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

51703 **Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)** **Global:** 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2014 Medicare Utilization:** 56,975

2007 Work RVU: 1.47 **2016 Work RVU:** 1.47
2007 NF PE RVU: 2.62 **2016 NF PE RVU:** 2.05
2007 Fac PE RVU: 0.63 **2016 Fac PE RVU:** 0.71

RUC Recommendation: 1.47 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

51720 **Bladder instillation of anticarcinogenic agent (including retention time)** **Global:** 000 **Issue:** Treatment of Bladder Lesion **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 33 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2014 Medicare Utilization:** 177,150

2007 Work RVU: 1.50 **2016 Work RVU:** 1.50
2007 NF PE RVU: 1.72 **2016 NF PE RVU:** 1.43
2007 Fac PE RVU: 0.71 **2016 Fac PE RVU:** 0.64

RUC Recommendation: 0.87 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51726 **Complex cystometrogram (ie, calibrated electronic equipment);** **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2008 **2014 Medicare Utilization:** 9,637

2007 Work RVU: 1.71 **2016 Work RVU:** 1.71
2007 NF PE RVU: 7.41 **2016 NF PE RVU:** 5.56
2007 Fac PE RVU: 7.41 **2016 Fac PE RVU:** NA

RUC Recommendation: 1.71 **CPT Action (if applicable):** February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51727 **Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** **2014 Medicare Utilization:** 2,974

2007 Work RVU: **2016 Work RVU:** 2.11
2007 NF PE RVU: **2016 NF PE RVU:** 6.51
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 2.11 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51728 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2014 Medicare Utilization:** 69,575

2007 Work RVU: **2016 Work RVU:** 2.11
2007 NF PE RVU: **2016 NF PE RVU:** 6.58
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 2.11 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51729 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** **2014 Medicare Utilization:** 79,997

2007 Work RVU: **2016 Work RVU:** 2.51
2007 NF PE RVU: **2016 NF PE RVU:** 6.87
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 2.51 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51736 **Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA

First Identified: February 2010

2014 Medicare Utilization: 12,969

2007 Work RVU: 0.61 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.67 **2016 NF PE RVU:** 0.25
2007 Fac PE RVU: 0.67 **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51741 **Complex uroflowmetry (eg, calibrated electronic equipment)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA

First Identified: October 2009

2014 Medicare Utilization: 539,675

2007 Work RVU: 1.14 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.91 **2016 NF PE RVU:** 0.26
2007 Fac PE RVU: 0.91 **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51772 **Deleted from CPT** **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA

First Identified: February 2008

2014 Medicare Utilization:

2007 Work RVU: 1.61 **2016 Work RVU:**
2007 NF PE RVU: 5.44 **2016 NF PE RVU:**
2007 Fac PE RVU: 5.44 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51784 **Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique**

Global: 000 **Issue:** Electromyography Studies (EMG) **Screen:** Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 34 **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2014 Medicare Utilization:** 166,742

2007 Work RVU: 1.53 **2016 Work RVU:** 1.53
2007 NF PE RVU: 3.95 **2016 NF PE RVU:** 3.75
2007 Fac PE RVU: 3.95 **2016 Fac PE RVU:** NA

RUC Recommendation: 0.75 **CPT Action (if applicable):** February 2014 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

51792 **Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2014 Medicare Utilization:** 16,191

2007 Work RVU: 1.10 **2016 Work RVU:** 1.10
2007 NF PE RVU: 5.74 **2016 NF PE RVU:** 4.75
2007 Fac PE RVU: 5.74 **2016 Fac PE RVU:** NA

RUC Recommendation: CPT edits and CPT Assistant article complete. **CPT Action (if applicable):** February 2014 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

51795 **Deleted from CPT**

Global: 000 **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 1.53 **2016 Work RVU:**
2007 NF PE RVU: 7.15 **2016 NF PE RVU:**
2007 Fac PE RVU: 7.15 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51797 **Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:**

First Identified: February 2008

2014 Medicare Utilization: 133,776

2007 Work RVU: 1.60 **2016 Work RVU:** 0.80

2007 NF PE RVU: 5.55 **2016 NF PE RVU:** 2.29

2007 Fac PE RVU: 5.55 **2016 Fac PE RVU:** NA

RUC Recommendation: 0.80

CPT Action (if applicable): February 2009

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51798 **Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging**

Global: XXX **Issue:** Voiding Pressure Studies **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACOG, AUA

First Identified: July 2015

2014 Medicare Utilization: 2,017,985

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00

2007 NF PE RVU: 0.4 **2016 NF PE RVU:** 0.52

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

52000 **Cystourethroscopy (separate procedure)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 35 **Specialty Developing Recommendation:** AUA, ACOG

First Identified: October 2010

2014 Medicare Utilization: 918,823

2007 Work RVU: 2.23 **2016 Work RVU:** 2.23

2007 NF PE RVU: 3.4 **2016 NF PE RVU:** 3.31

2007 Fac PE RVU: 0.91 **2016 Fac PE RVU:** 1.14

RUC Recommendation: 1.75

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52214 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA **First Identified:** June 2008 **2014 Medicare Utilization:** 20,625

2007 Work RVU: 3.70 **2016 Work RVU:** 3.50
2007 NF PE RVU: 33.55 **2016 NF PE RVU:** 14.73
2007 Fac PE RVU: 1.47 **2016 Fac PE RVU:** 1.18

RUC Recommendation: Refer to CPT Assistant. 3.50.

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009

52224 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2014 Medicare Utilization:** 47,128

2007 Work RVU: 3.14 **2016 Work RVU:** 4.05
2007 NF PE RVU: 32.11 **2016 NF PE RVU:** 14.99
2007 Fac PE RVU: 1.28 **2016 Fac PE RVU:** 1.37

RUC Recommendation: Refer to CPT Assistant. 4.05.

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009

52234 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2014 Medicare Utilization:** 26,983

2007 Work RVU: 4.62 **2016 Work RVU:** 4.62
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.83 **2016 Fac PE RVU:** 1.95

RUC Recommendation: Refer to CPT Assistant. 4.62

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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Status Report: CMS Requests and Relativity Assessment Issues

52235 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2014 Medicare Utilization:** 32,000

2007 Work RVU: 5.44 **2016 Work RVU:** 5.44
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.13 **2016 Fac PE RVU:** 2.26

RUC Recommendation: Refer to CPT Assistant. 5.44 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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52240 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2014 Medicare Utilization:** 23,018

2007 Work RVU: 9.71 **2016 Work RVU:** 7.50
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.6 **2016 Fac PE RVU:** 2.95

RUC Recommendation: Refer to CPT Assistant. 8.75 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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52281 **Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 38 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2014 Medicare Utilization:** 90,209

2007 Work RVU: 2.80 **2016 Work RVU:** 2.75
2007 NF PE RVU: 6.65 **2016 NF PE RVU:** 4.65
2007 Fac PE RVU: 1.21 **2016 Fac PE RVU:** 1.32

RUC Recommendation: 2.80 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52332 **Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2014 Medicare Utilization:** 142,850

2007 Work RVU: 2.83 **2016 Work RVU:** 2.82
2007 NF PE RVU: 7.42 **2016 NF PE RVU:** 10.66
2007 Fac PE RVU: 1.19 **2016 Fac PE RVU:** 1.34

RUC Recommendation: 2.82 **CPT Action (if applicable):** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

52341 **Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2014 Medicare Utilization:** 2,680

2007 Work RVU: 6.11 **2016 Work RVU:** 5.35
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.44 **2016 Fac PE RVU:** 2.23

RUC Recommendation: 5.35 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52342 **Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2014 Medicare Utilization:** 263

2007 Work RVU: 6.61 **2016 Work RVU:** 5.85
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.59 **2016 Fac PE RVU:** 2.39

RUC Recommendation: 5.85 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52343 **Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2014 Medicare Utilization:** 23

2007 Work RVU: 7.31 **2016 Work RVU:** 6.55
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.84 **2016 Fac PE RVU:** 2.63

RUC Recommendation: 6.55 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

52344 **Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2014 Medicare Utilization:** 3,218

2007 Work RVU: 7.81 **2016 Work RVU:** 7.05
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.09 **2016 Fac PE RVU:** 2.79

RUC Recommendation: 7.05 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

52345 **Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2014 Medicare Utilization:** 505

2007 Work RVU: 8.31 **2016 Work RVU:** 7.55
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.27 **2016 Fac PE RVU:** 2.97

RUC Recommendation: 7.55 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

52346 **Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)** **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2014 Medicare Utilization:** 205

2007 Work RVU: 9.34 **2016 Work RVU:** 8.58
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.62 **2016 Fac PE RVU:** 3.31

RUC Recommendation: 8.58 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52351 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA

First Identified: September 2011

2014 Medicare Utilization: 21,221

2007 Work RVU: 5.85 **2016 Work RVU:** 5.75

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 2.36 **2016 Fac PE RVU:** 2.33

RUC Recommendation: 5.75

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52352 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA

First Identified: September 2011

2014 Medicare Utilization: 22,192

2007 Work RVU: 6.87 **2016 Work RVU:** 6.75

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 2.77 **2016 Fac PE RVU:** 2.69

RUC Recommendation: 6.75

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52353 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA

First Identified: April 2011

2014 Medicare Utilization: 16,704

2007 Work RVU: 7.96 **2016 Work RVU:** 7.50

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 3.14 **2016 Fac PE RVU:** 2.95

RUC Recommendation: 7.50

CPT Action (if applicable): February 2013

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52354 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2014 Medicare Utilization:** 7,883

2007 Work RVU: 7.33 **2016 Work RVU:** 8.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.94 **2016 Fac PE RVU:** 3.12

RUC Recommendation: 8.58 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

52355 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2014 Medicare Utilization:** 1,004

2007 Work RVU: 8.81 **2016 Work RVU:** 9.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.44 **2016 Fac PE RVU:** 3.46

RUC Recommendation: 10.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

52356 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** January 2013 **2014 Medicare Utilization:** 39,947

2007 Work RVU: **2016 Work RVU:** 8.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.08

RUC Recommendation: 8.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52400 **Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2014 Medicare Utilization:** 329

2007 Work RVU: 10.06 **2016 Work RVU:** 8.69
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.18 **2016 Fac PE RVU:** 4.08

RUC Recommendation: 8.69

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52500 **Transurethral resection of bladder neck (separate procedure)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2014 Medicare Utilization:** 4,127

2007 Work RVU: 9.39 **2016 Work RVU:** 8.14
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.52 **2016 Fac PE RVU:** 4.95

RUC Recommendation: 8.14

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52601 **Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)**

Global: 090 **Issue:** RAW **Screen:** Site of Service Anomaly - 2015 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Medicare Utilization:** 46,978

2007 Work RVU: 15.13 **2016 Work RVU:** 15.26
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.99 **2016 Fac PE RVU:** 7.31

RUC Recommendation:

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

52640 **Transurethral resection; of postoperative bladder neck contracture**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2014 Medicare Utilization:** 1,719

2007 Work RVU: 6.89 **2016 Work RVU:** 4.79
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.35 **2016 Fac PE RVU:** 3.71

RUC Recommendation: 4.79

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

52648 **Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)**

Global: 090 **Issue:** Laser Surgery of Prostate **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA

First Identified: February 2008 **2014 Medicare Utilization:** 24,427

2007 Work RVU: 12.00 **2016 Work RVU:** 12.15
2007 NF PE RVU: 66.1 **2016 NF PE RVU:** 38.24
2007 Fac PE RVU: 5.44 **2016 Fac PE RVU:** 6.31

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

53445 **Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2014 Medicare Utilization:** 1,827

2007 Work RVU: 15.21 **2016 Work RVU:** 13.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.55 **2016 Fac PE RVU:** 7.14

RUC Recommendation: 13.00

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

53850 **Transurethral destruction of prostate tissue; by microwave thermotherapy**

Global: 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 43 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2014 Medicare Utilization:** 9,227

2007 Work RVU: 9.98 **2016 Work RVU:** 10.08
2007 NF PE RVU: 82.87 **2016 NF PE RVU:** 47.27
2007 Fac PE RVU: 4.46 **2016 Fac PE RVU:** 6.20

RUC Recommendation: 10.08

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

54405 **Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2014 Medicare Utilization:** 5,064

2007 Work RVU: 14.39 **2016 Work RVU:** 14.52
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.51 **2016 Fac PE RVU:** 7.08

RUC Recommendation: 14.39 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

54410 **Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2014 Medicare Utilization:** 1,271

2007 Work RVU: 16.48 **2016 Work RVU:** 15.18
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.35 **2016 Fac PE RVU:** 7.79

RUC Recommendation: 15.18 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

54520 **Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach** **Global:** 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2014 Medicare Utilization:** 2,976

2007 Work RVU: 5.25 **2016 Work RVU:** 5.30
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.03 **2016 Fac PE RVU:** 3.38

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

54530 **Orchiectomy, radical, for tumor; inguinal approach** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2014 Medicare Utilization:** 1,249

2007 Work RVU: 9.31 **2016 Work RVU:** 8.46
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.72 **2016 Fac PE RVU:** 5.06

RUC Recommendation: 8.46 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55700 **Biopsy, prostate; needle or punch, single or multiple, any approach**

Global: 000 **Issue:** Biopsy of Prostate **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 36 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2014 Medicare Utilization:** 130,840

2007 Work RVU: 2.58 **2016 Work RVU:** 2.58
2007 NF PE RVU: 4.08 **2016 NF PE RVU:** 3.31
2007 Fac PE RVU: 0.82 **2016 Fac PE RVU:** 1.14

RUC Recommendation: 2.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55706 **Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2014 Medicare Utilization:** 1,212

2007 Work RVU: **2016 Work RVU:** 6.28
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.72

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

55840 **Prostatectomy, retropubic radical, with or without nerve sparing;**

Global: 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: October 2013 **2014 Medicare Utilization:** 1,775

2007 Work RVU: 24.45 **2016 Work RVU:** 21.36
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.19 **2016 Fac PE RVU:** 9.91

RUC Recommendation: 21.36 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55842 **Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)**

Global: 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: October 2013 **2014 Medicare Utilization:** 240

2007 Work RVU: 26.31 **2016 Work RVU:** 21.36
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.83 **2016 Fac PE RVU:** 9.91

RUC Recommendation: 24.16 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55845 **Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes**

Global: 090 **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: July 2013 **2014 Medicare Utilization:** 1,768

2007 Work RVU: 30.52 **2016 Work RVU:** 25.18
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.01 **2016 Fac PE RVU:** 11.21

RUC Recommendation: 29.07 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55866 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed**

Global: 090 **Issue:** Laparoscopic Radical Prostatectomy **Screen:** New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 27 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2014 Medicare Utilization:** 13,196

2007 Work RVU: 32.25 **2016 Work RVU:** 21.36
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.87 **2016 Fac PE RVU:** 16.54

RUC Recommendation: 26.80 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55873 **Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)**

Global: 090 **Issue:** Cryoablation of Prostate **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 25 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2014 Medicare Utilization:** 1,765

2007 Work RVU: 20.25 **2016 Work RVU:** 13.60
2007 NF PE RVU: NA **2016 NF PE RVU:** 185.09
2007 Fac PE RVU: 9.59 **2016 Fac PE RVU:** 6.86

RUC Recommendation: 13.45 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55875 **Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy**

Global: 090 **Issue:** RAW **Screen:** RUC request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: April 2015 **2014 Medicare Utilization:** 5,612

2007 Work RVU: 13.31 **2016 Work RVU:** 13.46
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.38 **2016 Fac PE RVU:** 7.01

RUC Recommendation: Review data at RAW

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Not Part of RAW

56515 **Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)**

Global: 010 **Issue:** Destruction of Lesions **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2014 Medicare Utilization:** 1,788

2007 Work RVU: 3.03 **2016 Work RVU:** 3.08
2007 NF PE RVU: 2.5 **2016 NF PE RVU:** 2.91
2007 Fac PE RVU: 1.79 **2016 Fac PE RVU:** 2.23

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

56620 **Vulvectomy simple; partial**

Global: 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** D **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2014 Medicare Utilization:** 2,726

2007 Work RVU: 8.44 **2016 Work RVU:** 7.53
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.7 **2016 Fac PE RVU:** 5.98

RUC Recommendation: 7.35

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

57155 **Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy**

Global: 000 **Issue:** RAW **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** ACOG, ASTRO

First Identified: September 2007 **2014 Medicare Utilization:** 3,371

2007 Work RVU: 6.79 **2016 Work RVU:** 5.40
2007 NF PE RVU: NA **2016 NF PE RVU:** 6.36
2007 Fac PE RVU: 4.3 **2016 Fac PE RVU:** 2.43

RUC Recommendation: Review action plan (CPT 2011 Utilization Review). 5.40

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

57156 **Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy** **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2014 Medicare Utilization:** 11,244

2007 Work RVU: **2016 Work RVU:** 2.69
2007 NF PE RVU: **2016 NF PE RVU:** 2.72
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.29

RUC Recommendation: Review action plan (CPT 2011 Utilization Review). 2.69 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57240 **Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele** **Global:** 090 **Issue:** RAW **Screen:** Site of Service Anomaly - 2015 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 11,062

2007 Work RVU: 11.42 **2016 Work RVU:** 11.50
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.22 **2016 Fac PE RVU:** 6.21

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

57287 **Removal or revision of sling for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** C **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2014 Medicare Utilization:** 2,874

2007 Work RVU: 11.49 **2016 Work RVU:** 11.15
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.73 **2016 Fac PE RVU:** 6.91

RUC Recommendation: 10.97 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57288 **Sling operation for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Sling Operation for Stress Incontinence **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** O **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** September 2007 **2014 Medicare Utilization:** 25,880

2007 Work RVU: 14.01 **2016 Work RVU:** 12.13
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.21 **2016 Fac PE RVU:** 6.79

RUC Recommendation: 12.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58555 **Hysteroscopy, diagnostic (separate procedure)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2014 Medicare Utilization:** 1,622

2007 Work RVU: 3.33 **2016 Work RVU:** 3.33
2007 NF PE RVU: 2.32 **2016 NF PE RVU:** 5.08
2007 Fac PE RVU: 1.47 **2016 Fac PE RVU:** 1.65

RUC Recommendation: 3.07 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58558 **Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2014 Medicare Utilization:** 41,187

2007 Work RVU: 4.74 **2016 Work RVU:** 4.74
2007 NF PE RVU: 2.52 **2016 NF PE RVU:** 6.13
2007 Fac PE RVU: 2.05 **2016 Fac PE RVU:** 2.25

RUC Recommendation: 4.37 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58559 **Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2014 Medicare Utilization:** 155

2007 Work RVU: 6.16 **2016 Work RVU:** 6.16
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.56 **2016 Fac PE RVU:** 2.78

RUC Recommendation: 5.54 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58560 **Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2014 Medicare Utilization:** 51

2007 Work RVU: 6.99 **2016 Work RVU:** 6.99
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.88 **2016 Fac PE RVU:** 3.11

RUC Recommendation: 6.15 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58561 **Hysteroscopy, surgical; with removal of leiomyomata**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2014 Medicare Utilization:** 1,954

2007 Work RVU: 9.99 **2016 Work RVU:** 9.99
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4 **2016 Fac PE RVU:** 4.31

RUC Recommendation: 7.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58562 **Hysteroscopy, surgical; with removal of impacted foreign body**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2014 Medicare Utilization:** 207

2007 Work RVU: 5.20 **2016 Work RVU:** 5.20
2007 NF PE RVU: 2.63 **2016 NF PE RVU:** 6.02
2007 Fac PE RVU: 2.21 **2016 Fac PE RVU:** 2.38

RUC Recommendation: 4.17 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58563 **Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2014 Medicare Utilization:** 4,537

2007 Work RVU: 6.16 **2016 Work RVU:** 6.16
2007 NF PE RVU: 51.38 **2016 NF PE RVU:** 40.21
2007 Fac PE RVU: 2.58 **2016 Fac PE RVU:** 2.79

RUC Recommendation: 4.62 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

58660 **Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** September 2007 **2014 Medicare Utilization:** 1,428

2007 Work RVU: 11.54 **2016 Work RVU:** 11.59
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.07 **2016 Fac PE RVU:** 5.97

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

58661 **Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)**

Global: 010 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2014 Medicare Utilization:** 11,177

2007 Work RVU: 11.30 **2016 Work RVU:** 11.35
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.84 **2016 Fac PE RVU:** 5.51

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58823 **Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2014 Medicare Utilization:**

2007 Work RVU: 3.37 **2016 Work RVU:**
2007 NF PE RVU: 20.75 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.08 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

59400 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2014 Medicare Utilization:** 4,307

2007 Work RVU: 26.80 **2016 Work RVU:** 32.16
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 15.06 **2016 Fac PE RVU:** 20.27

RUC Recommendation: 32.69 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59409 **Vaginal delivery only (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2014 Medicare Utilization:** 2,094

2007 Work RVU: 13.48 **2016 Work RVU:** 14.37
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.91 **2016 Fac PE RVU:** 5.76

RUC Recommendation: 14.37 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59410 **Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2014 Medicare Utilization:** 1,254

2007 Work RVU: 15.29 **2016 Work RVU:** 18.01
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.96 **2016 Fac PE RVU:** 7.69

RUC Recommendation: 18.54 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59412 **External cephalic version, with or without tocolysis**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2014 Medicare Utilization:** 26

2007 Work RVU: 1.71 **2016 Work RVU:** 1.71
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0.77 **2016 Fac PE RVU:** 0.85

RUC Recommendation: 1.71 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

59414 **Delivery of placenta (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2014 Medicare Utilization:** 67

2007 Work RVU: 1.61 **2016 Work RVU:** 1.61
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0.59 **2016 Fac PE RVU:** 0.64

RUC Recommendation: 1.61 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

59425 **Antepartum care only; 4-6 visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2014 Medicare Utilization:** 930

2007 Work RVU: 6.22 **2016 Work RVU:** 6.31
2007 NF PE RVU: 4.21 **2016 NF PE RVU:** 5.27
2007 Fac PE RVU: 1.81 **2016 Fac PE RVU:** 2.50

RUC Recommendation: 6.31 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

59426 **Antepartum care only; 7 or more visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2014 Medicare Utilization:** 1,117

2007 Work RVU: 11.04 **2016 Work RVU:** 11.16
2007 NF PE RVU: 7.6 **2016 NF PE RVU:** 9.65
2007 Fac PE RVU: 3.17 **2016 Fac PE RVU:** 4.42

RUC Recommendation: 11.16 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59430 **Postpartum care only (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2014 Medicare Utilization:** 1,429

2007 Work RVU: 2.13 **2016 Work RVU:** 2.47
2007 NF PE RVU: 1.19 **2016 NF PE RVU:** 2.26
2007 Fac PE RVU: 0.88 **2016 Fac PE RVU:** 0.98

RUC Recommendation: 2.47 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59510 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2014 Medicare Utilization:** 3,481

2007 Work RVU: 30.34 **2016 Work RVU:** 35.64
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 16.92 **2016 Fac PE RVU:** 22.09

RUC Recommendation: 36.17 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59514 **Cesarean delivery only;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** **2014 Medicare Utilization:** 1,612

2007 Work RVU: 15.95 **2016 Work RVU:** 16.13
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.78 **2016 Fac PE RVU:** 6.43

RUC Recommendation: 16.13 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59515 **Cesarean delivery only; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2014 Medicare Utilization:** 1,176

2007 Work RVU: 18.26 **2016 Work RVU:** 21.47
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.43 **2016 Fac PE RVU:** 9.62

RUC Recommendation: 22.00 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59610 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2014 Medicare Utilization:** 98

2007 Work RVU: 28.21 **2016 Work RVU:** 33.87
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 15.52 **2016 Fac PE RVU:** 20.78

RUC Recommendation: 34.40 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59612 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2014 Medicare Utilization:** 73

2007 Work RVU: 15.04 **2016 Work RVU:** 16.09
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.6 **2016 Fac PE RVU:** 6.34

RUC Recommendation: 16.09 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59614 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2014 Medicare Utilization:** 38

2007 Work RVU: 16.59 **2016 Work RVU:** 19.73
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.49 **2016 Fac PE RVU:** 8.23

RUC Recommendation: 20.26 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59618 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2014 Medicare Utilization:** 28

2007 Work RVU: 31.78 **2016 Work RVU:** 36.16
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 17.74 **2016 Fac PE RVU:** 22.24

RUC Recommendation: 36.69 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

59620 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2014 Medicare Utilization:** 22

2007 Work RVU: 17.50 **2016 Work RVU:** 16.66
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 6.27 **2016 Fac PE RVU:** 6.56

RUC Recommendation: 16.66 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

59622 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2014 Medicare Utilization:** 10

2007 Work RVU: 19.70 **2016 Work RVU:** 22.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.14 **2016 Fac PE RVU:** 9.86

RUC Recommendation: 22.53 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

60220 **Total thyroid lobectomy, unilateral; with or without isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2014 Medicare Utilization:** 8,078

2007 Work RVU: 12.29 **2016 Work RVU:** 11.19
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.96 **2016 Fac PE RVU:** 7.18

RUC Recommendation: 12.29 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60225 **Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2014 Medicare Utilization:** 507

2007 Work RVU: 14.67 **2016 Work RVU:** 14.79
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.22 **2016 Fac PE RVU:** 9.28

RUC Recommendation: 14.67 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

60520 **Thymectomy, partial or total; transcervical approach (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2014 Medicare Utilization:** 320

2007 Work RVU: 17.07 **2016 Work RVU:** 17.16
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.95 **2016 Fac PE RVU:** 9.16

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures. **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

60521 **Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2014 Medicare Utilization:** 300

2007 Work RVU: 19.11 **2016 Work RVU:** 19.18
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.22 **2016 Fac PE RVU:** 9.14

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures. **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60522 **Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2014 Medicare Utilization:** 119

2007 Work RVU: 23.37 **2016 Work RVU:** 23.48
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.89 **2016 Fac PE RVU:** 10.74

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

61055 **Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: January 2014 **2014 Medicare Utilization:** 545

2007 Work RVU: 2.10 **2016 Work RVU:** 2.10
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.37 **2016 Fac PE RVU:** 1.04

RUC Recommendation: Editorial change

CPT Action (if applicable): October 2013

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

61781 **Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS

First Identified: **2014 Medicare Utilization:** 12,135

2007 Work RVU: **2016 Work RVU:** 3.75
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.76

RUC Recommendation: 3.75

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61782 **Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAO-HNS **First Identified:** **2014 Medicare Utilization:** 9,841

2007 Work RVU: **2016 Work RVU:** 3.18
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.44

RUC Recommendation: 3.18 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61783 **Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2014 Medicare Utilization:** 6,048

2007 Work RVU: **2016 Work RVU:** 3.75
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.79

RUC Recommendation: 3.75 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61793 **Deleted from CPT**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AANS **First Identified:** September 2007 **2014 Medicare Utilization:**

2007 Work RVU: 17.75 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 10.08 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61795 **Deleted from CPT** **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** NASS, AAO-HNS, AANS **First Identified:** October 2008 **2014 Medicare Utilization:**

2007 Work RVU: 4.03 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.87 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

61796 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion** **Global:** 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2014 Medicare Utilization:** 5,668

2007 Work RVU: **2016 Work RVU:** 13.93
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 10.33

RUC Recommendation: 15.50 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61797 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2014 Medicare Utilization:** 5,719

2007 Work RVU: **2016 Work RVU:** 3.48
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.64

RUC Recommendation: 3.48 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61798 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion** **Global:** 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2014 Medicare Utilization:** 3,707

2007 Work RVU: **2016 Work RVU:** 19.85
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 13.01

RUC Recommendation: 19.75 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61799 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:**

First Identified: NA **2014 Medicare Utilization:** 822

2007 Work RVU: **2016 Work RVU:** 4.81
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.26

RUC Recommendation: 4.81 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61800 **Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 16 **Specialty Developing Recommendation:**

First Identified: **2014 Medicare Utilization:** 5,776

2007 Work RVU: **2016 Work RVU:** 2.25
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.40

RUC Recommendation: 2.25 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61885 **Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array**

Global: 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007 **2014 Medicare Utilization:** 6,118

2007 Work RVU: 7.37 **2016 Work RVU:** 6.05
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.85 **2016 Fac PE RVU:** 6.78

RUC Recommendation: 6.44 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62263 **Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days**

Global: 010 **Issue:** Epidual Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS **First Identified:** September 2007 **2014 Medicare Utilization:** 514

2007 Work RVU: 6.41 **2016 Work RVU:** 5.00
2007 NF PE RVU: 11.78 **2016 NF PE RVU:** 13.30
2007 Fac PE RVU: 3.11 **2016 Fac PE RVU:** 4.41

RUC Recommendation: 6.54 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

62281 **Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic**

Global: 010 **Issue:** Injection of Neurolytic Agent **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2014 Medicare Utilization:** 571

2007 Work RVU: 2.66 **2016 Work RVU:** 2.66
2007 NF PE RVU: 5.16 **2016 NF PE RVU:** 3.94
2007 Fac PE RVU: 0.89 **2016 Fac PE RVU:** 1.56

RUC Recommendation: Remove 99238 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Q&A May 2010

62284 **Injection procedure for myelography and/or computed tomography, lumbar**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2014 Medicare Utilization:** 55,397

2007 Work RVU: 1.54 **2016 Work RVU:** 1.54
2007 NF PE RVU: 4.62 **2016 NF PE RVU:** 3.49
2007 Fac PE RVU: 0.67 **2016 Fac PE RVU:** 0.78

RUC Recommendation: 1.54 **CPT Action (if applicable):** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62287 **Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar**

Global: 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2014 Medicare Utilization:** 251

2007 Work RVU: 8.88 **2016 Work RVU:** 9.03
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.18 **2016 Fac PE RVU:** 6.40

RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

62290 **Injection procedure for discography, each level; lumbar**

Global: 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS **First Identified:** October 2009 **2014 Medicare Utilization:** 12,915

2007 Work RVU: 3.00 **2016 Work RVU:** 3.00
2007 NF PE RVU: 6.43 **2016 NF PE RVU:** 6.29
2007 Fac PE RVU: 1.31 **2016 Fac PE RVU:** 1.71

RUC Recommendation: 3.00, CPT Assistant article published. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2011

62302 **Myelography via lumbar injection, including radiological supervision and interpretation; cervical**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 2.29
2007 NF PE RVU: **2016 NF PE RVU:** 4.37
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.04

RUC Recommendation: 2.29 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62303 **Myelography via lumbar injection, including radiological supervision and interpretation; thoracic**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 2.29
2007 NF PE RVU: **2016 NF PE RVU:** 4.64
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.09

RUC Recommendation: 2.29 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62304 **Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 2.25
2007 NF PE RVU: **2016 NF PE RVU:** 4.34
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.03

RUC Recommendation: 2.25 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62305 **Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 2.35
2007 NF PE RVU: **2016 NF PE RVU:** 4.84
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.08

RUC Recommendation: 2.35 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62310 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2014 Medicare Utilization:** 208,734

2007 Work RVU: 1.91 **2016 Work RVU:** 1.91
2007 NF PE RVU: 4.35 **2016 NF PE RVU:** 4.85
2007 Fac PE RVU: 0.63 **2016 Fac PE RVU:** 1.09

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62311 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** September 2011 **2014 Medicare Utilization:** 815,840

2007 Work RVU: 1.54 **2016 Work RVU:** 1.54
2007 NF PE RVU: 4.35 **2016 NF PE RVU:** 4.71
2007 Fac PE RVU: 0.58 **2016 Fac PE RVU:** 0.92

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62318 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2014 Medicare Utilization:** 33,398

2007 Work RVU: 2.04 **2016 Work RVU:** 2.04
2007 NF PE RVU: 5.09 **2016 NF PE RVU:** 4.61
2007 Fac PE RVU: 0.61 **2016 Fac PE RVU:** 0.72

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62319 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2014 Medicare Utilization:** 18,032

2007 Work RVU: 1.87 **2016 Work RVU:** 1.87
2007 NF PE RVU: 4.45 **2016 NF PE RVU:** 2.88
2007 Fac PE RVU: 0.58 **2016 Fac PE RVU:** 0.78

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62350 **Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2014 Medicare Utilization:** 6,054

2007 Work RVU: 8.04 **2016 Work RVU:** 6.05
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4 **2016 Fac PE RVU:** 4.49

RUC Recommendation: 6.05 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62355 **Removal of previously implanted intrathecal or epidural catheter**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,275

2007 Work RVU: 6.60 **2016 Work RVU:** 3.55
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.27 **2016 Fac PE RVU:** 3.45

RUC Recommendation: 4.35 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62360 **Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** April 2008 **2014 Medicare Utilization:** 441

2007 Work RVU: 3.68 **2016 Work RVU:** 4.33
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.87 **2016 Fac PE RVU:** 3.82

RUC Recommendation: 4.33 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62361 **Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** April 2008 **2014 Medicare Utilization:** 56

2007 Work RVU: 6.59 **2016 Work RVU:** 5.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.94 **2016 Fac PE RVU:** 4.38

RUC Recommendation: 5.65 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62362 **Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2014 Medicare Utilization:** 7,862

2007 Work RVU: 8.58 **2016 Work RVU:** 5.60
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.46 **2016 Fac PE RVU:** 4.45

RUC Recommendation: 6.10 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62365 **Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** September 2007 **2014 Medicare Utilization:** 1,263

2007 Work RVU: 6.57 **2016 Work RVU:** 3.93
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.65 **2016 Fac PE RVU:** 3.78

RUC Recommendation: 4.65 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62367 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** October 2009 **2014 Medicare Utilization:** 8,157

2007 Work RVU: 0.48 **2016 Work RVU:** 0.48
2007 NF PE RVU: 0.56 **2016 NF PE RVU:** 0.66
2007 Fac PE RVU: 0.1 **2016 Fac PE RVU:** 0.21

RUC Recommendation: 0.48 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

62368 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** October 2009 **2014 Medicare Utilization:** 49,152

2007 Work RVU: 0.75 **2016 Work RVU:** 0.67
2007 NF PE RVU: 0.67 **2016 NF PE RVU:** 0.89
2007 Fac PE RVU: 0.17 **2016 Fac PE RVU:** 0.28

RUC Recommendation: 0.67 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62369 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** **2014 Medicare Utilization:** 40,645

2007 Work RVU: **2016 Work RVU:** 0.67
2007 NF PE RVU: **2016 NF PE RVU:** 2.71
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.30

RUC Recommendation: 0.67 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62370 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** **2014 Medicare Utilization:** 93,187

2007 Work RVU: **2016 Work RVU:** 0.90
2007 NF PE RVU: **2016 NF PE RVU:** 2.65
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.37

RUC Recommendation: 1.10 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

623X5

Global: **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.80 **CPT Action (if applicable):** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

623X6

Global: **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab 10

Specialty Developing Recommendation: AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015

2014 Medicare Utilization:

2007 Work RVU: **2016 Work RVU:**

2007 NF PE RVU: **2016 NF PE RVU:**

2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.95

CPT Action (if applicable): May 2015

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

623X7

Global: **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab 10

Specialty Developing Recommendation: AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015

2014 Medicare Utilization:

2007 Work RVU: **2016 Work RVU:**

2007 NF PE RVU: **2016 NF PE RVU:**

2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.55

CPT Action (if applicable): May 2015

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

623X8

Global: **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab 10

Specialty Developing Recommendation: AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015

2014 Medicare Utilization:

2007 Work RVU: **2016 Work RVU:**

2007 NF PE RVU: **2016 NF PE RVU:**

2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.80

CPT Action (if applicable): May 2015

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

623X9

Global: **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.89 **CPT Action (if applicable):** May 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62X10

Global: **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 2.20 **CPT Action (if applicable):** May 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62X11

Global: **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.78 **CPT Action (if applicable):** May 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62X12 **Global:** **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.90 **CPT Action (if applicable):** May 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63030 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2014 Medicare Utilization:** 37,932

2007 Work RVU: 13.03 **2016 Work RVU:** 13.18
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.5 **2016 Fac PE RVU:** 11.03

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63042 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2014 Medicare Utilization:** 18,067

2007 Work RVU: 18.61 **2016 Work RVU:** 18.76
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.2 **2016 Fac PE RVU:** 13.66

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63045 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 16 **Specialty Developing Recommendation:** **First Identified:** November 2013 **2014 Medicare Utilization:** 8,534

2007 Work RVU: 17.82 **2016 Work RVU:** 17.95
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.4 **2016 Fac PE RVU:** 13.54

RUC Recommendation: 17.95 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63046 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 16 **Specialty Developing Recommendation:** **First Identified:** November 2013 **2014 Medicare Utilization:** 3,163

2007 Work RVU: 17.12 **2016 Work RVU:** 17.25
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.13 **2016 Fac PE RVU:** 13.03

RUC Recommendation: 17.25 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63047 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar**

Global: 090 **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** September 2011 **2014 Medicare Utilization:** 101,646

2007 Work RVU: 15.22 **2016 Work RVU:** 15.37
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.79 **2016 Fac PE RVU:** 12.10

RUC Recommendation: 15.37 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63048 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** January 2012 **2014 Medicare Utilization:** 136,018

2007 Work RVU: 3.47 **2016 Work RVU:** 3.47
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.58 **2016 Fac PE RVU:** 1.69

RUC Recommendation: 3.47 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63056 **Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2014 Medicare Utilization:** 8,296

2007 Work RVU: 21.73 **2016 Work RVU:** 21.86
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.31 **2016 Fac PE RVU:** 14.75

RUC Recommendation: Review action plan at RAW Oct 2015. Maintain **CPT Action (if applicable):** February 2010 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

63075 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace**

Global: 090 **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2014 Medicare Utilization:** 996

2007 Work RVU: 19.47 **2016 Work RVU:** 19.60
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.87 **2016 Fac PE RVU:** 13.80

RUC Recommendation: 19.60 **CPT Action (if applicable):** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63076 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2014 Medicare Utilization:** 612

2007 Work RVU: 4.04 **2016 Work RVU:** 4.04
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.93 **2016 Fac PE RVU:** 1.93

RUC Recommendation: 4.04 **CPT Action (if applicable):** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63090 **Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** January 2015 **2014 Medicare Utilization:** 1,243

2007 Work RVU: 30.78 **2016 Work RVU:** 30.93
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 15.58 **2016 Fac PE RVU:** 18.65

RUC Recommendation: Refer to CPT for bundling **CPT Action (if applicable):** May 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

63620 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2014 Medicare Utilization:** 461

2007 Work RVU: **2016 Work RVU:** 15.60
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 11.06

RUC Recommendation: 15.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63621 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:**

First Identified: NA **2014 Medicare Utilization:** 69

2007 Work RVU: **2016 Work RVU:** 4.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.89

RUC Recommendation: 4.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63650 **Percutaneous implantation of neurostimulator electrode array, epidural**

Global: 010 **Issue:** Percutaneous implantation of neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 22 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

First Identified: September 2007 **2014 Medicare Utilization:** 46,995

2007 Work RVU: 7.57 **2016 Work RVU:** 7.15
2007 NF PE RVU: NA **2016 NF PE RVU:** 30.43
2007 Fac PE RVU: 3.11 **2016 Fac PE RVU:** 4.18

RUC Recommendation: 7.20. New PE Inputs **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63655 **Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** NASS, AANS

First Identified: October 2008 **2014 Medicare Utilization:** 5,807

2007 Work RVU: 11.43 **2016 Work RVU:** 10.92
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.15 **2016 Fac PE RVU:** 9.59

RUC Recommendation: 11.43 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63660 **Deleted from CPT**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2014 Medicare Utilization:**

2007 Work RVU: 6.87 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 3.54 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

63661 **Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2014 Medicare Utilization:** 3,171

2007 Work RVU: **2016 Work RVU:** 5.08
2007 NF PE RVU: **2016 NF PE RVU:** 10.85
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.51

RUC Recommendation: 5.03 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63662 **Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2014 Medicare Utilization:** 1,864

2007 Work RVU: **2016 Work RVU:** 11.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 9.71

RUC Recommendation: 10.87 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63663 **Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2014 Medicare Utilization:** 1,010

2007 Work RVU: **2016 Work RVU:** 7.75
2007 NF PE RVU: **2016 NF PE RVU:** 14.12
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.45

RUC Recommendation: 70 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63664 **Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2014 Medicare Utilization:** 623

2007 Work RVU: **2016 Work RVU:** 11.52
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 9.82

RUC Recommendation: 11.39 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63685 **Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 68 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2014 Medicare Utilization:** 14,629

2007 Work RVU: 7.87 **2016 Work RVU:** 5.19
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.03 **2016 Fac PE RVU:** 4.34

RUC Recommendation: 6.05 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63688 **Revision or removal of implanted spinal neurostimulator pulse generator or receiver**

Global: 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** I **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2014 Medicare Utilization:** 6,334

2007 Work RVU: 6.10 **2016 Work RVU:** 5.30
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.56 **2016 Fac PE RVU:** 4.29

RUC Recommendation: 5.25 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64412 **Injection, anesthetic agent; spinal accessory nerve**

Global: 000 **Issue:** Anesthetic Injection – Spinal Nerve **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 36 **Specialty Developing Recommendation:** AAN, ASA, AAPMR, ISIS **First Identified:** April 2013 **2014 Medicare Utilization:** 4,552

2007 Work RVU: 1.18 **2016 Work RVU:**
2007 NF PE RVU: 2.5 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.46 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** FAQ Sept 2015

64415 **Injection, anesthetic agent; brachial plexus, single**

Global: 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2014 Medicare Utilization:** 145,182

2007 Work RVU: 1.48 **2016 Work RVU:** 1.48
2007 NF PE RVU: 2.47 **2016 NF PE RVU:** 1.88
2007 Fac PE RVU: 0.43 **2016 Fac PE RVU:** 0.30

RUC Recommendation: 1.48, Review in October 2017 **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 20

64416 **Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2014 Medicare Utilization:** 17,881

2007 Work RVU: 3.85 **2016 Work RVU:** 1.81
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0.74 **2016 Fac PE RVU:** 0.36

RUC Recommendation: Remove from screen. 1.81 **CPT Action (if applicable):** February 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64418 **Injection, anesthetic agent; suprascapular nerve**

Global: 000 **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Medicare Utilization:** 30,985

2007 Work RVU: 1.32 **2016 Work RVU:** 1.32
2007 NF PE RVU: 2.43 **2016 NF PE RVU:** 2.70
2007 Fac PE RVU: 0.46 **2016 Fac PE RVU:** 0.75

RUC Recommendation:

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

64445 **Injection, anesthetic agent; sciatic nerve, single**

Global: 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: October 2008 **2014 Medicare Utilization:** 113,149

2007 Work RVU: 1.48 **2016 Work RVU:** 1.48
2007 NF PE RVU: 2.42 **2016 NF PE RVU:** 2.29
2007 Fac PE RVU: 0.51 **2016 Fac PE RVU:** 0.46

RUC Recommendation: 1.48, Review in October 2017

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 20

64446 **Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA

First Identified: February 2008 **2014 Medicare Utilization:** 6,316

2007 Work RVU: 3.61 **2016 Work RVU:** 1.81
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0.9 **2016 Fac PE RVU:** 0.36

RUC Recommendation: 1.81

CPT Action (if applicable): February 2008

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64447 **Injection, anesthetic agent; femoral nerve, single**

Global: 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: October 2008 **2014 Medicare Utilization:** 142,570

2007 Work RVU: 1.50 **2016 Work RVU:** 1.50
2007 NF PE RVU: NA **2016 NF PE RVU:** 1.91
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** 0.31

RUC Recommendation: 1.50, Review in October 2017

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 20

Status Report: CMS Requests and Relativity Assessment Issues

64448 **Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2014 Medicare Utilization:** 47,181

2007 Work RVU: 3.36 **2016 Work RVU:** 1.63
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0.73 **2016 Fac PE RVU:** 0.32

RUC Recommendation: Remove from screen. 1.63 **CPT Action (if applicable):** February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64449 **Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2014 Medicare Utilization:** 3,954

2007 Work RVU: 3.24 **2016 Work RVU:** 1.81
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0.84 **2016 Fac PE RVU:** 0.47

RUC Recommendation: 1.81 **CPT Action (if applicable):** February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64450 **Injection, anesthetic agent; other peripheral nerve or branch**

Global: 000 **Issue:** Injection - Anesthetic Agent **Screen:** Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 24 **Specialty Developing Recommendation:** ASA, AAPM, APMA, ASIPP **First Identified:** October 2009 **2014 Medicare Utilization:** 708,932

2007 Work RVU: 1.27 **2016 Work RVU:** 0.75
2007 NF PE RVU: 1.25 **2016 NF PE RVU:** 1.46
2007 Fac PE RVU: 0.49 **2016 Fac PE RVU:** 0.50

RUC Recommendation: 0.75 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2013

Status Report: CMS Requests and Relativity Assessment Issues

64461 **Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)**

Global: **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 10 **Specialty Developing Recommendation:** **First Identified:** April 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: Refer to CPT Assistant **CPT Action (if applicable):** **Result:** Not Part of RAW

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64462 **Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s), (includes imaging guidance, when performed) (list separately in addition to code for primary procedure)**

Global: **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 10 **Specialty Developing Recommendation:** **First Identified:** April 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: Refer to CPT Assistant **CPT Action (if applicable):** **Result:** Not Part of RAW

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64463 **Paravertebral block (PVB) (paraspinous block), thoracic continuous infusion by catheter (includes imaging guidance, when performed)**

Global: **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 10 **Specialty Developing Recommendation:** **First Identified:** April 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: Refer to CPT Assistant **CPT Action (if applicable):** **Result:** Not Part of RAW

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64470 **Deleted from CPT**

Global: 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2014 Medicare Utilization:**

2007 Work RVU: 1.85 **2016 Work RVU:**
2007 NF PE RVU: 6.37 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.71 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64472 **Deleted from CPT** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 1.29 **2016 Work RVU:**
2007 NF PE RVU: 2.05 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.34 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64475 **Deleted from CPT** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2014 Medicare Utilization:**

2007 Work RVU: 1.41 **2016 Work RVU:**
2007 NF PE RVU: 6.07 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.62 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64476 **Deleted from CPT** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.98 **2016 Work RVU:**
2007 NF PE RVU: 1.86 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.24 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64479 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2014 Medicare Utilization:** 44,847

2007 Work RVU: 2.20 **2016 Work RVU:** 2.29
2007 NF PE RVU: 6.55 **2016 NF PE RVU:** 4.27
2007 Fac PE RVU: 0.87 **2016 Fac PE RVU:** 1.34

RUC Recommendation: 2.29 **CPT Action (if applicable):** June 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64480 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2014 Medicare Utilization:** 25,209

2007 Work RVU: 1.54 **2016 Work RVU:** 1.20
2007 NF PE RVU: 2.5 **2016 NF PE RVU:** 1.93
2007 Fac PE RVU: 0.45 **2016 Fac PE RVU:** 0.52

RUC Recommendation: 1.20 **CPT Action (if applicable):** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64483 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level**

Global: 000 **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2014 Medicare Utilization:** 972,483

2007 Work RVU: 1.90 **2016 Work RVU:** 1.90
2007 NF PE RVU: 6.86 **2016 NF PE RVU:** 4.23
2007 Fac PE RVU: 0.81 **2016 Fac PE RVU:** 1.20

RUC Recommendation: 1.90 **CPT Action (if applicable):** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64484 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2014 Medicare Utilization:** 464,621

2007 Work RVU: 1.33 **2016 Work RVU:** 1.00
2007 NF PE RVU: 2.86 **2016 NF PE RVU:** 1.44
2007 Fac PE RVU: 0.36 **2016 Fac PE RVU:** 0.43

RUC Recommendation: 1.00 **CPT Action (if applicable):** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64490 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2014 Medicare Utilization:** 208,432

2007 Work RVU: **2016 Work RVU:** 1.82
2007 NF PE RVU: **2016 NF PE RVU:** 3.48
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.11

RUC Recommendation: 1.82 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64491 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2014 Medicare Utilization:** 183,914

2007 Work RVU: **2016 Work RVU:** 1.16
2007 NF PE RVU: **2016 NF PE RVU:** 1.43
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.49

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64492 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2014 Medicare Utilization:** 128,714

2007 Work RVU: **2016 Work RVU:** 1.16
2007 NF PE RVU: **2016 NF PE RVU:** 1.45
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.51

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64493 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2014 Medicare Utilization:** 727,840

2007 Work RVU: **2016 Work RVU:** 1.52
2007 NF PE RVU: **2016 NF PE RVU:** 3.30
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.99

RUC Recommendation: 1.52 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64494 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2014 Medicare Utilization:** 648,717

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 1.40
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.42

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64495 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2014 Medicare Utilization:** 400,232

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 1.41
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.44

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64510 **Injection, anesthetic agent; stellate ganglion (cervical sympathetic)** **Global:** 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2014 Medicare Utilization:** 7,619

2007 Work RVU: 1.22 **2016 Work RVU:** 1.22
2007 NF PE RVU: 3.06 **2016 NF PE RVU:** 2.35
2007 Fac PE RVU: 0.49 **2016 Fac PE RVU:** 0.82

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

64520 **Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)** **Global:** 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2014 Medicare Utilization:** 22,865

2007 Work RVU: 1.35 **2016 Work RVU:** 1.35
2007 NF PE RVU: 4.5 **2016 NF PE RVU:** 3.89
2007 Fac PE RVU: 0.54 **2016 Fac PE RVU:** 0.88

RUC Recommendation: PE Review - no change **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

64553 **Percutaneous implantation of neurostimulator electrode array; cranial nerve** **Global:** 010 **Issue:** Implantation of Neuroelectrodes **Screen:** Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 28 **Specialty Developing Recommendation:** AANS/CNS, AAPMR, ASA, NASS **First Identified:** July 2014 **2014 Medicare Utilization:** 536

2007 Work RVU: 2.33 **2016 Work RVU:** 2.36
2007 NF PE RVU: 2.75 **2016 NF PE RVU:** 3.42
2007 Fac PE RVU: 1.73 **2016 Fac PE RVU:** 1.94

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** May 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64555 **Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)**

Global: 010 **Issue:** Implantation of Neuroelectrodes **Screen:** High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 28 **Specialty Developing Recommendation:** AANS/CNS, AAPMR, ASA, NASS **First Identified:** February 2008 **2014 Medicare Utilization:** 12,696

2007 Work RVU: 2.29 **2016 Work RVU:** 2.32
2007 NF PE RVU: 2.96 **2016 NF PE RVU:** 3.47
2007 Fac PE RVU: 1.23 **2016 Fac PE RVU:** 1.86

RUC Recommendation: Refer to CPT. Develop CPT Assistant article.Review September 2017.

CPT Action (if applicable): May 2016 **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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64561 **Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed**

Global: 010 **Issue:** Percutaneous Implantation of Neuroelectrodes **Screen:** CMS Fastest Growing / High Volume Growth2 / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACOG, AUA, NASS **First Identified:** October 2008 **2014 Medicare Utilization:** 15,590

2007 Work RVU: 7.07 **2016 Work RVU:** 5.44
2007 NF PE RVU: 27.51 **2016 NF PE RVU:** 17.15
2007 Fac PE RVU: 3.05 **2016 Fac PE RVU:** 2.62

RUC Recommendation: 5.44. 99214 visit appropriate. Remove from screen.

CPT Action (if applicable): February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64566 **Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming**

Global: 000 **Issue:** Posterior Tibial Neurostimulation **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 29 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** July 2013 **2014 Medicare Utilization:** 112,394

2007 Work RVU: **2016 Work RVU:** 0.60
2007 NF PE RVU: **2016 NF PE RVU:** 2.92
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.21

RUC Recommendation: 0.60

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64568 **Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator**

Global: 090 **Issue:** Vagus Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified:

2014 Medicare Utilization: 759

2007 Work RVU: **2016 Work RVU:** 9.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 7.26

RUC Recommendation: 11.19

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64573 **Deleted from CPT**

Global: 090 **Issue:** Neurosurgical Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 28 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007

2014 Medicare Utilization:

2007 Work RVU: 8.15 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 5.31 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64581 **Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** AUA

First Identified: September 2007

2014 Medicare Utilization: 10,347

2007 Work RVU: 14.15 **2016 Work RVU:** 12.20
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 5.73 **2016 Fac PE RVU:** 5.41

RUC Recommendation: 12.20. 99214 visit appropriate. Remove from screen.

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64590 **Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2014 Medicare Utilization:** 11,194

2007 Work RVU: 2.42 **2016 Work RVU:** 2.45
2007 NF PE RVU: 6.95 **2016 NF PE RVU:** 4.77
2007 Fac PE RVU: 2.33 **2016 Fac PE RVU:** 1.86

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

64622 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level**

Global: 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2014 Medicare Utilization:**

2007 Work RVU: 3.02 **2016 Work RVU:**
2007 NF PE RVU: 6.82 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.34 **2016 Fac PE RVU:**

RUC Recommendation: PE Review - no change **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64623 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.99 **2016 Work RVU:**
2007 NF PE RVU: 2.62 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.22 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64626 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level**

Global: 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2014 Medicare Utilization:**

2007 Work RVU: 3.82 **2016 Work RVU:**
2007 NF PE RVU: 6.99 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.93 **2016 Fac PE RVU:**

RUC Recommendation: PE Review - no change **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64627 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1/ CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2014 Medicare Utilization:**

2007 Work RVU: 1.16 **2016 Work RVU:**
2007 NF PE RVU: 3.98 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.26 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64633 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 41 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2014 Medicare Utilization:** 49,792

2007 Work RVU: **2016 Work RVU:** 3.84
2007 NF PE RVU: **2016 NF PE RVU:** 7.99
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.42

RUC Recommendation: RAW review additional data **CPT Action (if applicable):** May 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

Status Report: CMS Requests and Relativity Assessment Issues

64634 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 41 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2014 Medicare Utilization:** 85,280

2007 Work RVU: **2016 Work RVU:** 1.32
2007 NF PE RVU: **2016 NF PE RVU:** 4.03
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.56

RUC Recommendation: RAW review additional data **CPT Action (if applicable):** May 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

64635 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 41 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2014 Medicare Utilization:** 214,371

2007 Work RVU: **2016 Work RVU:** 3.78
2007 NF PE RVU: **2016 NF PE RVU:** 7.92
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.40

RUC Recommendation: RAW review additional data **CPT Action (if applicable):** May 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

64636 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 41 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2014 Medicare Utilization:** 351,983

2007 Work RVU: **2016 Work RVU:** 1.16
2007 NF PE RVU: **2016 NF PE RVU:** 3.71
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.49

RUC Recommendation: RAW review additional data **CPT Action (if applicable):** May 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

Status Report: CMS Requests and Relativity Assessment Issues

64640 **Destruction by neurolytic agent; other peripheral nerve or branch** **Global:** 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 25 **Specialty Developing Recommendation:** ASAM AAPM, APMA, ASIPP **First Identified:** September 2007 **2014 Medicare Utilization:** 78,065

2007 Work RVU: 2.78 **2016 Work RVU:** 1.23
2007 NF PE RVU: 3.75 **2016 NF PE RVU:** 2.47
2007 Fac PE RVU: 1.75 **2016 Fac PE RVU:** 1.35

RUC Recommendation: 1.23. Remove 99238. **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64708 **Neuroplasty, major peripheral nerve, arm or leg, open; other than specified** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 69 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2014 Medicare Utilization:** 3,486

2007 Work RVU: 6.22 **2016 Work RVU:** 6.36
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.73 **2016 Fac PE RVU:** 6.78

RUC Recommendation: 6.36 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64712 **Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2014 Medicare Utilization:** 608

2007 Work RVU: 7.98 **2016 Work RVU:** 8.07
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 4.86 **2016 Fac PE RVU:** 6.96

RUC Recommendation: Remove from screen **CPT Action (if applicable):** February 2010 **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

64831 **Suture of digital nerve, hand or foot; 1 nerve** **Global:** 090 **Issue:** Neurorrhaphy – Finger **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 70 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2014 Medicare Utilization:** 978

2007 Work RVU: 10.23 **2016 Work RVU:** 9.16
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7 **2016 Fac PE RVU:** 9.07

RUC Recommendation: 9.16 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65105 **Enucleation of eye; with implant, muscles attached to implant**

Global: 090 **Issue:** Ophthalmologic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2014 Medicare Utilization:** 900

2007 Work RVU: 9.70 **2016 Work RVU:** 9.93
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.13 **2016 Fac PE RVU:** 13.41

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

65222 **Removal of foreign body, external eye; corneal, with slit lamp**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 26 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: April 2011 **2014 Medicare Utilization:** 30,661

2007 Work RVU: 0.93 **2016 Work RVU:** 0.84
2007 NF PE RVU: 0.87 **2016 NF PE RVU:** 0.99
2007 Fac PE RVU: 0.4 **2016 Fac PE RVU:** 0.58

RUC Recommendation: 0.93

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

65285 **Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue**

Global: 090 **Issue:** Repair of Eye Wound **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 8 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2014 Medicare Utilization:** 856

2007 Work RVU: 14.43 **2016 Work RVU:** 15.36
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.12 **2016 Fac PE RVU:** 15.00

RUC Recommendation: 16.00

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65780 **Ocular surface reconstruction; amniotic membrane transplantation, multiple layers**

Global: 090 **Issue:** Ocular Reconstruction Transplant **Screen:** CMS Fastest Growing / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 31 **Specialty Developing Recommendation:** AAO

First Identified: October 2008 **2014 Medicare Utilization:** 2,239

2007 Work RVU: 10.43 **2016 Work RVU:** 7.81
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.04 **2016 Fac PE RVU:** 11.96

RUC Recommendation: 8.80 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

65800 **Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO

First Identified: September 2011 **2014 Medicare Utilization:** 44,786

2007 Work RVU: 1.91 **2016 Work RVU:** 1.53
2007 NF PE RVU: 1.71 **2016 NF PE RVU:** 1.74
2007 Fac PE RVU: 1.16 **2016 Fac PE RVU:** 0.96

RUC Recommendation: 1.53 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

65805 **Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2014 Medicare Utilization:**

2007 Work RVU: 1.91 **2016 Work RVU:**
2007 NF PE RVU: 2.07 **2016 NF PE RVU:**
2007 Fac PE RVU: 1.16 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65855 **Trabeculoplasty by laser surgery**

Global: 010 **Issue:** Trabeculoplasty by Laser Surgery **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: January 2014

2014 Medicare Utilization: 150,092

2007 Work RVU: 3.90 **2016 Work RVU:** 2.66

2007 NF PE RVU: 4.14 **2016 NF PE RVU:** 4.88

2007 Fac PE RVU: 3.01 **2016 Fac PE RVU:** 3.95

RUC Recommendation: 3.00

CPT Action (if applicable): February 2015

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66170 **Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 32 **Specialty Developing Recommendation:** AAO

First Identified: January 2014

2014 Medicare Utilization: 11,511

2007 Work RVU: 14.57 **2016 Work RVU:** 11.27

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 12.17 **2016 Fac PE RVU:** 15.36

RUC Recommendation: 13.94

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66172 **Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 32 **Specialty Developing Recommendation:** AAO

First Identified: January 2014

2014 Medicare Utilization: 5,287

2007 Work RVU: 18.26 **2016 Work RVU:** 12.57

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 15.21 **2016 Fac PE RVU:** 21.12

RUC Recommendation: 14.81

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66179 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 14.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 15.57

RUC Recommendation: 14.00 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66180 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2014 Medicare Utilization:** 12,911

2007 Work RVU: 16.02 **2016 Work RVU:** 15.00
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 10.62 **2016 Fac PE RVU:** 16.20

RUC Recommendation: 15.00 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66183 **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2014 Medicare Utilization:** 5,561

2007 Work RVU: **2016 Work RVU:** 13.20
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 15.08

RUC Recommendation: 13.20 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66184 **Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 9.58
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 12.00

RUC Recommendation: 9.58 **CPT Action (if applicable):** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

66185 **Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2014 Medicare Utilization:** 1,953

2007 Work RVU: 9.35 **2016 Work RVU:** 10.58
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.37 **2016 Fac PE RVU:** 12.64

RUC Recommendation: 10.58 **CPT Action (if applicable):** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

66761 **Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)** **Global:** 010 **Issue:** Iridotomy **Screen:** High IWPUT / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2014 Medicare Utilization:** 79,066

2007 Work RVU: 4.87 **2016 Work RVU:** 3.00
2007 NF PE RVU: 5.49 **2016 NF PE RVU:** 5.17
2007 Fac PE RVU: 4.32 **2016 Fac PE RVU:** 3.47

RUC Recommendation: 3.00 **CPT Action (if applicable):** February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66821 **Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)**

Global: 090 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAO

First Identified: October 2010

2014 Medicare Utilization: 627,871

2007 Work RVU: 3.32 **2016 Work RVU:** 3.42
2007 NF PE RVU: 4.05 **2016 NF PE RVU:** 5.65
2007 Fac PE RVU: 3.6 **2016 Fac PE RVU:** 5.14

RUC Recommendation: Maintain

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

66982 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage**

Global: 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 17 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2014 Medicare Utilization: 174,261

2007 Work RVU: 14.83 **2016 Work RVU:** 11.08
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.75 **2016 Fac PE RVU:** 10.60

RUC Recommendation: 11.08. CPT Assistant article published; Reduce to 2x99213 & 3x99212

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

66984 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)**

Global: 090 **Issue:** Cataract Surgery **Screen:** High IWPUT / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 17 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2014 Medicare Utilization: 1,627,245

2007 Work RVU: 10.36 **2016 Work RVU:** 8.52
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 7.24 **2016 Fac PE RVU:** 8.80

RUC Recommendation: 8.52

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67028 **Intravitreal injection of a pharmacologic agent (separate procedure)**

Global: 000 **Issue:** Treatment of Retinal Lesion **Screen:** High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2014 Medicare Utilization:** 2,746,152

2007 Work RVU: 2.52 **2016 Work RVU:** 1.44
2007 NF PE RVU: 2.59 **2016 NF PE RVU:** 1.34
2007 Fac PE RVU: 1.42 **2016 Fac PE RVU:** 1.30

RUC Recommendation: Review utilization at RAW Oct 2018. 1.44

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67036 **Vitrectomy, mechanical, pars plana approach;**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2014 Medicare Utilization:** 14,921

2007 Work RVU: 13.09 **2016 Work RVU:** 12.13
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 8.96 **2016 Fac PE RVU:** 12.58

RUC Recommendation: 12.13

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67038 **Deleted from CPT**

Global: 090 **Issue:** Ophthalmological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2014 Medicare Utilization:**

2007 Work RVU: 23.30 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 15.16 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2007

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67039 **Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2014 Medicare Utilization:** 2,455

2007 Work RVU: 16.39 **2016 Work RVU:** 13.20
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.94 **2016 Fac PE RVU:** 13.25

RUC Recommendation: 13.20 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67040 **Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2014 Medicare Utilization:** 10,786

2007 Work RVU: 19.23 **2016 Work RVU:** 14.50
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 13.41 **2016 Fac PE RVU:** 14.07

RUC Recommendation: 14.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67041 **Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2014 Medicare Utilization:** 14,301

2007 Work RVU: **2016 Work RVU:** 16.33
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 15.22

RUC Recommendation: 16.33 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67042 **Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2014 Medicare Utilization:** 24,699

2007 Work RVU: **2016 Work RVU:** 16.33
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 15.22

RUC Recommendation: 16.33 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67043 **Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2014 Medicare Utilization:** 998

2007 Work RVU: **2016 Work RVU:** 17.40
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 15.90

RUC Recommendation: 17.40 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67101 **Repair of retinal detachment, 1 or more sessions; cryotherapy or diathermy, including drainage of subretinal fluid, when performed**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2015 **2014 Medicare Utilization:** 591

2007 Work RVU: 8.60 **2016 Work RVU:** 8.80
2007 NF PE RVU: 9.04 **2016 NF PE RVU:** 12.78
2007 Fac PE RVU: 6.51 **2016 Fac PE RVU:** 9.71

RUC Recommendation: 3.50 **CPT Action (if applicable):** May 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67105 **Repair of retinal detachment, 1 or more sessions; photocoagulation, including drainage of subretinal fluid, when performed**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2015 **2014 Medicare Utilization:** 5,811

2007 Work RVU: 8.35 **2016 Work RVU:** 8.53
2007 NF PE RVU: 7.99 **2016 NF PE RVU:** 11.25
2007 Fac PE RVU: 6.13 **2016 Fac PE RVU:** 9.14

RUC Recommendation: 3.84 **CPT Action (if applicable):** May 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67107 **Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2014 Medicare Utilization:** 1,011

2007 Work RVU: 16.35 **2016 Work RVU:** 14.06
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 11.19 **2016 Fac PE RVU:** 13.79

RUC Recommendation: 16.00. Reduce 99238 to 0.5 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67108 **Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2014 Medicare Utilization:** 14,077

2007 Work RVU: 22.49 **2016 Work RVU:** 15.19
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 14.22 **2016 Fac PE RVU:** 14.51

RUC Recommendation: 17.13 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67110 **Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2014 Medicare Utilization:** 2,710

2007 Work RVU: 10.02 **2016 Work RVU:** 8.31
2007 NF PE RVU: 9.99 **2016 NF PE RVU:** 12.64
2007 Fac PE RVU: 7.37 **2016 Fac PE RVU:** 10.87

RUC Recommendation: 10.25. Remove 99238

CPT Action (if applicable): October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

67112 **Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: April 2014 **2014 Medicare Utilization:** 521

2007 Work RVU: 18.45 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 11.71 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

67113 **Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2014 Medicare Utilization:** 11,584

2007 Work RVU: **2016 Work RVU:** 19.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 17.68

RUC Recommendation: 19.00

CPT Action (if applicable): October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67210 **Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 13 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2014 Medicare Utilization: 78,622

2007 Work RVU: 9.35 **2016 Work RVU:** 6.36
2007 NF PE RVU: 6.48 **2016 NF PE RVU:** 7.87
2007 Fac PE RVU: 5.84 **2016 Fac PE RVU:** 7.38

RUC Recommendation: 6.36

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67220 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 13 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2014 Medicare Utilization: 6,176

2007 Work RVU: 14.19 **2016 Work RVU:** 6.36
2007 NF PE RVU: 10.23 **2016 NF PE RVU:** 8.33
2007 Fac PE RVU: 8.9 **2016 Fac PE RVU:** 7.38

RUC Recommendation: 6.36

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67225 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)**

Global: ZZZ **Issue:** Photodynamic Therapy of the Eye **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** P **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2014 Medicare Utilization: 273

2007 Work RVU: 0.47 **2016 Work RVU:** 0.47
2007 NF PE RVU: 0.25 **2016 NF PE RVU:** 0.34
2007 Fac PE RVU: 0.2 **2016 Fac PE RVU:** 0.30

RUC Recommendation: 0.47

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

67228 **Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2014 Medicare Utilization: 76,910

2007 Work RVU: 13.67 **2016 Work RVU:** 4.39
2007 NF PE RVU: 11.2 **2016 NF PE RVU:** 4.96
2007 Fac PE RVU: 8.43 **2016 Fac PE RVU:** 4.01

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67255 **Scleral reinforcement (separate procedure); with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2014 Medicare Utilization:** 11,908

2007 Work RVU: 9.97 **2016 Work RVU:** 8.38
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 9.61 **2016 Fac PE RVU:** 10.41

RUC Recommendation: 10.17

CPT Action (if applicable): October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

67820 **Correction of trichiasis; epilation, by forceps only**

Global: 000 **Issue:** Correction of Trichiasis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AOA, AOA (optometry)

First Identified: July 2015 **2014 Medicare Utilization:** 276,177

2007 Work RVU: 0.71 **2016 Work RVU:** 0.71
2007 NF PE RVU: 0.57 **2016 NF PE RVU:** 0.66
2007 Fac PE RVU: 0.54 **2016 Fac PE RVU:** 0.75

RUC Recommendation:

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

67914 **Repair of ectropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2014 Medicare Utilization:** 2,018

2007 Work RVU: 3.70 **2016 Work RVU:** 3.75
2007 NF PE RVU: 5.98 **2016 NF PE RVU:** 9.25
2007 Fac PE RVU: 2.99 **2016 Fac PE RVU:** 5.26

RUC Recommendation: 3.75

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67915 **Repair of ectropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2014 Medicare Utilization:** 434

2007 Work RVU: 3.21 **2016 Work RVU:** 2.03
2007 NF PE RVU: 5.62 **2016 NF PE RVU:** 6.10
2007 Fac PE RVU: 2.75 **2016 Fac PE RVU:** 3.44

RUC Recommendation: 2.03

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67916 **Repair of ectropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2014 Medicare Utilization:** 2,604

2007 Work RVU: 5.37 **2016 Work RVU:** 5.48
2007 NF PE RVU: 7.68 **2016 NF PE RVU:** 10.85
2007 Fac PE RVU: 4.65 **2016 Fac PE RVU:** 6.34

RUC Recommendation: 5.48

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

67917 **Repair of ectropion; extensive (eg, tarsal strip operations)**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2014 Medicare Utilization:** 27,098

2007 Work RVU: 6.08 **2016 Work RVU:** 5.93
2007 NF PE RVU: 8.08 **2016 NF PE RVU:** 10.68
2007 Fac PE RVU: 4.95 **2016 Fac PE RVU:** 6.63

RUC Recommendation: 5.93

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67921 **Repair of entropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2014 Medicare Utilization:** 4,151

2007 Work RVU: 3.42 **2016 Work RVU:** 3.47
2007 NF PE RVU: 5.83 **2016 NF PE RVU:** 9.29
2007 Fac PE RVU: 2.84 **2016 Fac PE RVU:** 5.09

RUC Recommendation: 3.47

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

67922 **Repair of entropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2014 Medicare Utilization:** 142

2007 Work RVU: 3.09 **2016 Work RVU:** 2.03
2007 NF PE RVU: 5.55 **2016 NF PE RVU:** 6.02
2007 Fac PE RVU: 2.7 **2016 Fac PE RVU:** 3.43

RUC Recommendation: 2.03

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67923 **Repair of entropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2014 Medicare Utilization:** 1,953

2007 Work RVU: 5.94 **2016 Work RVU:** 5.48
2007 NF PE RVU: 7.76 **2016 NF PE RVU:** 10.85
2007 Fac PE RVU: 4.86 **2016 Fac PE RVU:** 6.35

RUC Recommendation: 5.48

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67924 **Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)** **Global:** 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2014 Medicare Utilization:** 12,217

2007 Work RVU: 5.84 **2016 Work RVU:** 5.93
2007 NF PE RVU: 8.48 **2016 NF PE RVU:** 11.47
2007 Fac PE RVU: 4.57 **2016 Fac PE RVU:** 6.64

RUC Recommendation: 5.93 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

68040 **Expression of conjunctival follicles (eg, for trachoma)** **Global:** 000 **Issue:** Treatment of Eyelid Lesions **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2014 Medicare Utilization:** 5,431

2007 Work RVU: 0.85 **2016 Work RVU:** 0.85
2007 NF PE RVU: 0.69 **2016 NF PE RVU:** 0.87
2007 Fac PE RVU: 0.42 **2016 Fac PE RVU:** 0.54

RUC Recommendation: Revised parenthetical **CPT Action (if applicable):** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

68200 **Subconjunctival injection** **Global:** 000 **Issue:** Subconjunctival Injection **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2014 Medicare Utilization:** 21,894

2007 Work RVU: 0.49 **2016 Work RVU:** 0.49
2007 NF PE RVU: 0.52 **2016 NF PE RVU:** 0.64
2007 Fac PE RVU: 0.32 **2016 Fac PE RVU:** 0.46

RUC Recommendation: 0.49 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

68801 **Dilation of lacrimal punctum, with or without irrigation**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: January 2014 **2014 Medicare Utilization:** 42,985

2007 Work RVU: 0.96 **2016 Work RVU:** 0.82
2007 NF PE RVU: 1.91 **2016 NF PE RVU:** 1.97
2007 Fac PE RVU: 1.48 **2016 Fac PE RVU:** 1.59

RUC Recommendation: 1.00

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

68810 **Probing of nasolacrimal duct, with or without irrigation;**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** Site of Service Anomaly / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2007 **2014 Medicare Utilization:** 30,325

2007 Work RVU: 2.63 **2016 Work RVU:** 1.54
2007 NF PE RVU: 3.62 **2016 NF PE RVU:** 3.86
2007 Fac PE RVU: 2.7 **2016 Fac PE RVU:** 2.65

RUC Recommendation: 1.54

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

68811 **Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2014 **2014 Medicare Utilization:** 643

2007 Work RVU: 2.39 **2016 Work RVU:** 1.74
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 2.36 **2016 Fac PE RVU:** 2.85

RUC Recommendation: 2.03

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

68815 **Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** January 2014 **2014 Medicare Utilization:** 7,815

2007 Work RVU: 3.24 **2016 Work RVU:** 2.70
2007 NF PE RVU: 7.82 **2016 NF PE RVU:** 8.33
2007 Fac PE RVU: 2.74 **2016 Fac PE RVU:** 3.39

RUC Recommendation: 3.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

68816 **Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2014 **2014 Medicare Utilization:** 280

2007 Work RVU: **2016 Work RVU:** 2.10
2007 NF PE RVU: **2016 NF PE RVU:** 16.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.47

RUC Recommendation: 2.35 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

69100 **Biopsy external ear**

Global: 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 28 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2014 Medicare Utilization:** 124,622

2007 Work RVU: 0.81 **2016 Work RVU:** 0.81
2007 NF PE RVU: 1.75 **2016 NF PE RVU:** 1.94
2007 Fac PE RVU: 0.4 **2016 Fac PE RVU:** 0.49

RUC Recommendation: 0.81 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

69200 **Removal foreign body from external auditory canal; without general anesthesia**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 29 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2014 Medicare Utilization:** 44,922

2007 Work RVU: 0.77 **2016 Work RVU:** 0.77
2007 NF PE RVU: 2.29 **2016 NF PE RVU:** 1.96
2007 Fac PE RVU: 0.56 **2016 Fac PE RVU:** 0.49

RUC Recommendation: 0.77 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69210 **Removal impacted cerumen requiring instrumentation, unilateral**

Global: 000 **Issue:** Removal of Cerumen **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** AAFP, AAO-HNS

First Identified: September 2011 **2014 Medicare Utilization:** 1,564,954

2007 Work RVU: 0.61 **2016 Work RVU:** 0.61
2007 NF PE RVU: 0.61 **2016 NF PE RVU:** 0.72
2007 Fac PE RVU: 0.21 **2016 Fac PE RVU:** 0.26

RUC Recommendation: 0.58.

CPT Action (if applicable): October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

69400 **Eustachian tube inflation, transnasal; with catheterization**

Global: 000 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2013 **2014 Medicare Utilization:** 365

2007 Work RVU: 0.83 **2016 Work RVU:**
2007 NF PE RVU: 2.27 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.66 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

69401 **Eustachian tube inflation, transnasal; without catheterization**

Global: 000 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2013 **2014 Medicare Utilization:** 10,324

2007 Work RVU: 0.63 **2016 Work RVU:**
2007 NF PE RVU: 1.3 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.63 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

69405 **Eustachian tube catheterization, transtympanic**

Global: 010 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2013 **2014 Medicare Utilization:** 31

2007 Work RVU: 2.65 **2016 Work RVU:**
2007 NF PE RVU: 3.48 **2016 NF PE RVU:**
2007 Fac PE RVU: 2.19 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69433 **Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia** **Global:** 010 **Issue:** Tympanostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 30 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2014 Medicare Utilization:** 44,505

2007 Work RVU: 1.54 **2016 Work RVU:** 1.57
2007 NF PE RVU: 3.09 **2016 NF PE RVU:** 4.02
2007 Fac PE RVU: 1.6 **2016 Fac PE RVU:** 2.03

RUC Recommendation: 1.57 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

69801 **Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal** **Global:** 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2014 Medicare Utilization:** 17,148

2007 Work RVU: 8.61 **2016 Work RVU:** 2.06
2007 NF PE RVU: NA **2016 NF PE RVU:** 3.27
2007 Fac PE RVU: 9.31 **2016 Fac PE RVU:** 1.29

RUC Recommendation: Review action plan at RAW Oct 2015. 2.06 **CPT Action (if applicable):** Feb 2010 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

69802 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy** **Global:** 090 **Issue:** Labryinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 13.39 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 11.91 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** Feburary 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69930 **Cochlear device implantation, with or without mastoidectomy**

Global: 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** M **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2014 Medicare Utilization:** 2,758

2007 Work RVU: 17.60 **2016 Work RVU:** 17.73
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 14.06 **2016 Fac PE RVU:** 15.15

RUC Recommendation: 17.60

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70100 **Radiologic examination, mandible; partial, less than 4 views**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2014 Medicare Utilization:** 21,930

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.59 **2016 NF PE RVU:** 0.72
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70310 **Radiologic examination, teeth; partial examination, less than full mouth**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2014 Medicare Utilization:** 2,002

2007 Work RVU: 0.16 **2016 Work RVU:** 0.16
2007 NF PE RVU: 0.58 **2016 NF PE RVU:** 0.85
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70371 **Complex dynamic pharyngeal and speech evaluation by cine or video recording** **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2014 Medicare Utilization:** 8,929

2007 Work RVU: 0.84 **2016 Work RVU:** 0.84
2007 NF PE RVU: 2.14 **2016 NF PE RVU:** 1.67
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

70373 **Laryngography, contrast, radiological supervision and interpretation** **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2014 Medicare Utilization:** 4,142

2007 Work RVU: 0.44 **2016 Work RVU:**
2007 NF PE RVU: 1.83 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: CPT Assistant article published. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

70450 **Computed tomography, head or brain; without contrast material** **Global:** XXX **Issue:** CT Head/Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2014 Medicare Utilization:** 5,477,928

2007 Work RVU: 0.85 **2016 Work RVU:** 0.85
2007 NF PE RVU: 4.91 **2016 NF PE RVU:** 2.34
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.85 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70460 **Computed tomography, head or brain; with contrast material(s)**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2014 Medicare Utilization:** 34,103

2007 Work RVU: 1.13 **2016 Work RVU:** 1.13
2007 NF PE RVU: 6.06 **2016 NF PE RVU:** 3.34
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.13 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70470 **Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Head/Brain **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2009 **2014 Medicare Utilization:** 138,206

2007 Work RVU: 1.27 **2016 Work RVU:** 1.27
2007 NF PE RVU: 7.49 **2016 NF PE RVU:** 4.02
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.27. Survey for work and PE for April 2013 RUC meeting (Identified as part of 70450 family). **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70486 **Computed tomography, maxillofacial area; without contrast material**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2014 Medicare Utilization:** 464,926

2007 Work RVU: 1.14 **2016 Work RVU:** 0.85
2007 NF PE RVU: 5.42 **2016 NF PE RVU:** 3.02
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.85 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70487 **Computed tomography, maxillofacial area; with contrast material(s)**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2014 Medicare Utilization:** 20,957

2007 Work RVU: 1.30 **2016 Work RVU:** 1.13
2007 NF PE RVU: 6.55 **2016 NF PE RVU:** 3.52
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.17 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70488 **Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2014 Medicare Utilization:** 3,881

2007 Work RVU: 1.42 **2016 Work RVU:** 1.27
2007 NF PE RVU: 8.11 **2016 NF PE RVU:** 4.41
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.30 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70490 **Computed tomography, soft tissue neck; without contrast material**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2014 Medicare Utilization:** 66,480

2007 Work RVU: 1.28 **2016 Work RVU:** 1.28
2007 NF PE RVU: 5.39 **2016 NF PE RVU:** 4.06
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

70491 **Computed tomography, soft tissue neck; with contrast material(s)**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2014 Medicare Utilization:** 230,446

2007 Work RVU: 1.38 **2016 Work RVU:** 1.38
2007 NF PE RVU: 6.48 **2016 NF PE RVU:** 5.15
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70492 **Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ACR, ASNR
First Identified: July 2015
2014 Medicare Utilization: 24,754

2007 Work RVU: 1.45 **2016 Work RVU:** 1.45
2007 NF PE RVU: 8.04 **2016 NF PE RVU:** 6.25
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

70496 **Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014
Tab 39
Specialty Developing Recommendation: ACR, ASNR
First Identified: February 2008
2014 Medicare Utilization: 195,582

2007 Work RVU: 1.75 **2016 Work RVU:** 1.75
2007 NF PE RVU: 12.43 **2016 NF PE RVU:** 6.40
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.75
CPT Action (if applicable):
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70498 **Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2014
Tab 39
Specialty Developing Recommendation: ACR, ASNR
First Identified: February 2008
2014 Medicare Utilization: 222,673

2007 Work RVU: 1.75 **2016 Work RVU:** 1.75
2007 NF PE RVU: 12.45 **2016 NF PE RVU:** 6.36
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.75
CPT Action (if applicable):
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70540 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2014 Medicare Utilization:** 10,778

2007 Work RVU: 1.35 **2016 Work RVU:** 1.35
2007 NF PE RVU: 12.11 **2016 NF PE RVU:** 8.62
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.35 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70542 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2014 Medicare Utilization:** 1,215

2007 Work RVU: 1.62 **2016 Work RVU:** 1.62
2007 NF PE RVU: 14.09 **2016 NF PE RVU:** 9.55
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.62 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70543 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2014 Medicare Utilization:** 51,511

2007 Work RVU: 2.15 **2016 Work RVU:** 2.15
2007 NF PE RVU: 23.65 **2016 NF PE RVU:** 11.51
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.15 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70544 **Magnetic resonance angiography, head; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2014 Medicare Utilization:** 291,251

2007 Work RVU: 1.20 **2016 Work RVU:** 1.20
2007 NF PE RVU: 12.46 **2016 NF PE RVU:** 9.70
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

70545 **Magnetic resonance angiography, head; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2014 Medicare Utilization:** 3,413

2007 Work RVU: 1.20 **2016 Work RVU:** 1.20
2007 NF PE RVU: 12.44 **2016 NF PE RVU:** 9.57
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

70546 **Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2014 Medicare Utilization:** 15,479

2007 Work RVU: 1.80 **2016 Work RVU:** 1.80
2007 NF PE RVU: 22.97 **2016 NF PE RVU:** 14.86
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70547 **Magnetic resonance angiography, neck; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2014 Medicare Utilization:** 84,522

2007 Work RVU: 1.20 **2016 Work RVU:** 1.20
2007 NF PE RVU: 12.45 **2016 NF PE RVU:** 9.75
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

70548 **Magnetic resonance angiography, neck; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2014 Medicare Utilization:** 29,490

2007 Work RVU: 1.20 **2016 Work RVU:** 1.20
2007 NF PE RVU: 12.65 **2016 NF PE RVU:** 10.29
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

70549 **Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2014 Medicare Utilization:** 79,268

2007 Work RVU: 1.80 **2016 Work RVU:** 1.80
2007 NF PE RVU: 22.96 **2016 NF PE RVU:** 14.97
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70551 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2014 Medicare Utilization:** 956,857

2007 Work RVU: 1.48 **2016 Work RVU:** 1.48
2007 NF PE RVU: 12.2 **2016 NF PE RVU:** 4.90
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.48 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70552 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2014 Medicare Utilization:** 24,507

2007 Work RVU: 1.78 **2016 Work RVU:** 1.78
2007 NF PE RVU: 14.22 **2016 NF PE RVU:** 7.07
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.78 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70553 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2014 Medicare Utilization:** 952,189

2007 Work RVU: 2.36 **2016 Work RVU:** 2.29
2007 NF PE RVU: 23.53 **2016 NF PE RVU:** 8.16
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.36 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71010 **Radiologic examination, chest; single view, frontal**

Global: XXX **Issue:** Chest X-Rays **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2014 Medicare Utilization:** 17,693,412

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.5 **2016 NF PE RVU:** 0.43
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

71015 **Radiologic examination, chest; stereo, frontal**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2014 Medicare Utilization:** 733

2007 Work RVU: 0.21 **2016 Work RVU:** 0.21
2007 NF PE RVU: 0.58 **2016 NF PE RVU:** 0.55
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

71020 **Radiologic examination, chest, 2 views, frontal and lateral;**

Global: XXX **Issue:** Chest X-Rays **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2014 Medicare Utilization:** 11,857,114

2007 Work RVU: 0.22 **2016 Work RVU:** 0.22
2007 NF PE RVU: 0.66 **2016 NF PE RVU:** 0.54
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71021 **Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2014 Medicare Utilization:** 6,386

2007 Work RVU: 0.27 **2016 Work RVU:** 0.27
2007 NF PE RVU: 0.79 **2016 NF PE RVU:** 0.66
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

71022 **Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2014 Medicare Utilization:** 11,413

2007 Work RVU: 0.31 **2016 Work RVU:** 0.31
2007 NF PE RVU: 0.84 **2016 NF PE RVU:** 0.84
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

71023 **Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2014 Medicare Utilization:** 3,175

2007 Work RVU: 0.38 **2016 Work RVU:** 0.38
2007 NF PE RVU: 1.06 **2016 NF PE RVU:** 1.37
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

71030 **Radiologic examination, chest, complete, minimum of 4 views;**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2014 Medicare Utilization:** 10,525

2007 Work RVU: 0.31 **2016 Work RVU:** 0.31
2007 NF PE RVU: 0.88 **2016 NF PE RVU:** 0.83
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71034 **Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy** **Global:** XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2014 Medicare Utilization:** 623

2007 Work RVU: 0.46 **2016 Work RVU:** 0.46
2007 NF PE RVU: 1.69 **2016 NF PE RVU:** 1.82
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

71035 **Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)** **Global:** XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2014 Medicare Utilization:** 111,639

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.62 **2016 NF PE RVU:** 0.72
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

71090 **Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation** **Global:** XXX **Issue:** Insertion/Removal of Pacemeaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

710X1

Global: **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** **Specialty Developing Recommendation:**

First Identified: February 2016 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

710X2

Global: **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** **Specialty Developing Recommendation:**

First Identified: February 2016 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

710X3

Global: **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** **Specialty Developing Recommendation:**

First Identified: February 2016 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

710X4

Global: **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** **Specialty Developing Recommendation:**

First Identified: February 2016 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71100 **Radiologic examination, ribs, unilateral; 2 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR

First Identified: April 2013 **2014 Medicare Utilization:** 233,503

2007 Work RVU: 0.22 **2016 Work RVU:** 0.22
2007 NF PE RVU: 0.63 **2016 NF PE RVU:** 0.68
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.22

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

71101 **Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ACR

First Identified: October 2015 **2014 Medicare Utilization:** 265,402

2007 Work RVU: 0.27 **2016 Work RVU:** 0.27
2007 NF PE RVU: 0.75 **2016 NF PE RVU:** 0.72
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

71110 **Radiologic examination, ribs, bilateral; 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR

First Identified: October 2015 **2014 Medicare Utilization:** 30,002

2007 Work RVU: 0.27 **2016 Work RVU:** 0.27
2007 NF PE RVU: 0.84 **2016 NF PE RVU:** 0.76
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71111 **Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ACR
First Identified: October 2015
2014 Medicare Utilization: 28,842

2007 Work RVU: 0.32 **2016 Work RVU:** 0.32
2007 NF PE RVU: 1 **2016 NF PE RVU:** 0.99
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

71250 **Computed tomography, thorax; without contrast material**

Global: XXX **Issue:** CT Chest **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2009
Tab 21
Specialty Developing Recommendation: ACR
First Identified: October 2008
2014 Medicare Utilization: 1,658,471

2007 Work RVU: 1.16 **2016 Work RVU:** 1.02
2007 NF PE RVU: 6.24 **2016 NF PE RVU:** 3.97
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.16
CPT Action (if applicable):
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

71260 **Computed tomography, thorax; with contrast material(s)**

Global: XXX **Issue:** CT Chest **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ACR
First Identified: July 2015
2014 Medicare Utilization: 1,662,802

2007 Work RVU: 1.24 **2016 Work RVU:** 1.24
2007 NF PE RVU: 7.5 **2016 NF PE RVU:** 5.12
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71270 **Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Chest **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2014 Medicare Utilization:** 97,770

2007 Work RVU: 1.38 **2016 Work RVU:** 1.38
2007 NF PE RVU: 9.36 **2016 NF PE RVU:** 6.25
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

71275 **Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography-Chest **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 27 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2014 Medicare Utilization:** 862,485

2007 Work RVU: 1.92 **2016 Work RVU:** 1.82
2007 NF PE RVU: 12.53 **2016 NF PE RVU:** 6.47
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.82 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

72040 **Radiologic examination, spine, cervical; 2 or 3 views**

Global: XXX **Issue:** X-ray of Cervical Spine **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2010 **2014 Medicare Utilization:** 610,077

2007 Work RVU: 0.22 **2016 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2016 NF PE RVU:** 0.69
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72050 **Radiologic examination, spine, cervical; 4 or 5 views**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** **2014 Medicare Utilization:** 397,028

2007 Work RVU: 0.31 **2016 Work RVU:** 0.31
2007 NF PE RVU: 1 **2016 NF PE RVU:** 0.92
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72052 **Radiologic examination, spine, cervical; 6 or more views** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** **2014 Medicare Utilization:** 100,886

2007 Work RVU: 0.36 **2016 Work RVU:** 0.36
2007 NF PE RVU: 1.27 **2016 NF PE RVU:** 1.19
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.36 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72070 **Radiologic examination, spine; thoracic, 2 views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2013 **2014 Medicare Utilization:** 314,293

2007 Work RVU: 0.22 **2016 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2016 NF PE RVU:** 0.71
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72100 **Radiologic examination, spine, lumbosacral; 2 or 3 views** **Global:** XXX **Issue:** Radiologic Examination - Spine **Screen:** Harvard Valued - Utilization over 100,000 / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** February 2010 **2014 Medicare Utilization:** 1,875,706

2007 Work RVU: 0.22 **2016 Work RVU:** 0.22
2007 NF PE RVU: 0.75 **2016 NF PE RVU:** 0.74
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72110 **Radiologic examination, spine, lumbosacral; minimum of 4 views** **Global:** XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** October 2009 **2014 Medicare Utilization:** 876,017

2007 Work RVU: 0.31 **2016 Work RVU:** 0.31
2007 NF PE RVU: 1.03 **2016 NF PE RVU:** 1.03
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72114 **Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views** **Global:** XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** February 2010 **2014 Medicare Utilization:** 91,035

2007 Work RVU: 0.36 **2016 Work RVU:** 0.32
2007 NF PE RVU: 1.36 **2016 NF PE RVU:** 1.40
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.32 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72120 **Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views** **Global:** XXX **Issue:** Radiologic Examination – Spine **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS **First Identified:** February 2010 **2014 Medicare Utilization:** 38,121

2007 Work RVU: 0.22 **2016 Work RVU:** 0.22
2007 NF PE RVU: 0.98 **2016 NF PE RVU:** 0.89
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72125 **Computed tomography, cervical spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2014 Medicare Utilization:** 943,839

2007 Work RVU: 1.16 **2016 Work RVU:** 1.07
2007 NF PE RVU: 6.24 **2016 NF PE RVU:** 4.04
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72126 **Computed tomography, cervical spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2014 Medicare Utilization:** 20,341

2007 Work RVU: 1.22 **2016 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2016 NF PE RVU:** 5.13
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

72127 **Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2014 Medicare Utilization:** 2,202

2007 Work RVU: 1.27 **2016 Work RVU:** 1.27
2007 NF PE RVU: 9.3 **2016 NF PE RVU:** 6.25
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

72128 **Computed tomography, thoracic spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2014 Medicare Utilization:** 134,703

2007 Work RVU: 1.16 **2016 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2016 NF PE RVU:** 3.99
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.16 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72129 **Computed tomography, thoracic spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2014 Medicare Utilization:** 16,253

2007 Work RVU: 1.22 **2016 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2016 NF PE RVU:** 5.14
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

72130 **Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2014 Medicare Utilization:** 1,410

2007 Work RVU: 1.27 **2016 Work RVU:** 1.27
2007 NF PE RVU: 9.29 **2016 NF PE RVU:** 6.30
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

72131 **Computed tomography, lumbar spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2014 Medicare Utilization:** 399,855

2007 Work RVU: 1.16 **2016 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2016 NF PE RVU:** 3.97
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.16 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

72132 **Computed tomography, lumbar spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2014 Medicare Utilization:** 57,936

2007 Work RVU: 1.22 **2016 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2016 NF PE RVU:** 5.11
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

72133 **Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2014 Medicare Utilization:** 4,684

2007 Work RVU: 1.27 **2016 Work RVU:** 1.27
2007 NF PE RVU: 9.34 **2016 NF PE RVU:** 6.23
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

72141 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** September 2011 **2014 Medicare Utilization:** 533,533

2007 Work RVU: 1.60 **2016 Work RVU:** 1.48
2007 NF PE RVU: 11.76 **2016 NF PE RVU:** 4.70
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.48 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72142 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2014 Medicare Utilization:** 4,143

2007 Work RVU: 1.92 **2016 Work RVU:** 1.78
2007 NF PE RVU: 14.26 **2016 NF PE RVU:** 7.21
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.78 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72146 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2014 Medicare Utilization:** 188,579

2007 Work RVU: 1.60 **2016 Work RVU:** 1.48
2007 NF PE RVU: 12.69 **2016 NF PE RVU:** 4.71
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.48 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72147 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2014 Medicare Utilization:** 3,298

2007 Work RVU: 1.92 **2016 Work RVU:** 1.78
2007 NF PE RVU: 13.76 **2016 NF PE RVU:** 7.12
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.78 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72148 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** AAOS, AUR, ACR, NASS, ASNR **First Identified:** April 2011 **2014 Medicare Utilization:** 1,221,570

2007 Work RVU: 1.48 **2016 Work RVU:** 1.48
2007 NF PE RVU: 12.66 **2016 NF PE RVU:** 4.67
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.48 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72149 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2014 Medicare Utilization:** 6,922

2007 Work RVU: 1.78 **2016 Work RVU:** 1.78
2007 NF PE RVU: 14.23 **2016 NF PE RVU:** 7.09
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.78 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72156 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical** **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2014 Medicare Utilization:** 109,439

2007 Work RVU: 2.57 **2016 Work RVU:** 2.29
2007 NF PE RVU: 23.52 **2016 NF PE RVU:** 8.21
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.29 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72157 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic** **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2014 Medicare Utilization:** 82,404

2007 Work RVU: 2.57 **2016 Work RVU:** 2.29
2007 NF PE RVU: 23.12 **2016 NF PE RVU:** 8.22
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.29 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72158 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar** **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2014 Medicare Utilization:** 261,320

2007 Work RVU: 2.36 **2016 Work RVU:** 2.29
2007 NF PE RVU: 23.45 **2016 NF PE RVU:** 8.18
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.29 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72170 **Radiologic examination, pelvis; 1 or 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip/Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2014 Medicare Utilization:** 1,838,399

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.56 **2016 NF PE RVU:** 0.70
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72191 **Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 / CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2014 Medicare Utilization:** 2,597

2007 Work RVU: 1.81 **2016 Work RVU:** 1.81
2007 NF PE RVU: 12.15 **2016 NF PE RVU:** 6.63
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.81 **CPT Action (if applicable):** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72192 **Computed tomography, pelvis; without contrast material**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2014 Medicare Utilization:** 146,808

2007 Work RVU: 1.09 **2016 Work RVU:** 1.09
2007 NF PE RVU: 6.12 **2016 NF PE RVU:** 2.93
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.09 **CPT Action (if applicable):** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72193 **Computed tomography, pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2014 Medicare Utilization:** 34,358

2007 Work RVU: 1.16 **2016 Work RVU:** 1.16
2007 NF PE RVU: 7.2 **2016 NF PE RVU:** 5.10
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.16 **CPT Action (if applicable):** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72194 **Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2014 Medicare Utilization:** 5,958

2007 Work RVU: 1.22 **2016 Work RVU:** 1.22
2007 NF PE RVU: 9.06 **2016 NF PE RVU:** 6.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.22 **CPT Action (if applicable):** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72195 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2014 Medicare Utilization:** 71,903

2007 Work RVU: 1.46 **2016 Work RVU:** 1.46
2007 NF PE RVU: 12.19 **2016 NF PE RVU:** 8.95
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72196 **Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ACR
First Identified: July 2015
2014 Medicare Utilization: 2,523

2007 Work RVU: 1.73 **2016 Work RVU:** 1.73
2007 NF PE RVU: 14.18 **2016 NF PE RVU:** 9.69
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

72197 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ACR
First Identified: July 2015
2014 Medicare Utilization: 91,752

2007 Work RVU: 2.26 **2016 Work RVU:** 2.26
2007 NF PE RVU: 23.71 **2016 NF PE RVU:** 11.77
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

72240 **Myelography, cervical, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014
Tab 17
Specialty Developing Recommendation: ACR, ASNR
First Identified: October 2012
2014 Medicare Utilization: 6,866

2007 Work RVU: 0.91 **2016 Work RVU:** 0.91
2007 NF PE RVU: 4.37 **2016 NF PE RVU:** 1.78
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.91
CPT Action (if applicable): October 2013
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72255 **Myelography, thoracic, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2013 **2014 Medicare Utilization:** 741

2007 Work RVU: 0.91 **2016 Work RVU:** 0.91
2007 NF PE RVU: 3.98 **2016 NF PE RVU:** 1.76
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.91

CPT Action (if applicable): October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72265 **Myelography, lumbosacral, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2014 Medicare Utilization:** 31,058

2007 Work RVU: 0.83 **2016 Work RVU:** 0.83
2007 NF PE RVU: 3.83 **2016 NF PE RVU:** 1.70
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.83

CPT Action (if applicable): October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72270 **Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2014 Medicare Utilization:** 8,318

2007 Work RVU: 1.33 **2016 Work RVU:** 1.33
2007 NF PE RVU: 5.81 **2016 NF PE RVU:** 2.16
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.33

CPT Action (if applicable): October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72275 **Epidurography, radiological supervision and interpretation**

Global: XXX **Issue:** Epidurography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS **First Identified:** October 2009 **2014 Medicare Utilization:** 83,618

2007 Work RVU: 0.76 **2016 Work RVU:** 0.76
2007 NF PE RVU: 2.15 **2016 NF PE RVU:** 2.45
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.76, CPT Assistant article published.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009 and Q&A

72291 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance**

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2014 Medicare Utilization:** 60,292

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

72292 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance**

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2014 Medicare Utilization:** 870

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73030 **Radiologic examination, shoulder; complete, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Exam of Shoulder **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 26 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2010 **2014 Medicare Utilization:** 2,408,075

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.61 **2016 NF PE RVU:** 0.61
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.18 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73060 **Radiologic examination; humerus, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2014 Medicare Utilization:** 351,911

2007 Work RVU: 0.17 **2016 Work RVU:** 0.16
2007 NF PE RVU: 0.61 **2016 NF PE RVU:** 0.63
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.16 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73080 **Radiologic examination, elbow; complete, minimum of 3 views** **Global:** XXX **Issue:** Radiologic Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 39 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2009 **2014 Medicare Utilization:** 339,574

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.66 **2016 NF PE RVU:** 0.68
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73100 **Radiologic examination, wrist; 2 views** **Global:** XXX **Issue:** X-Ray Wrist **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2014 Medicare Utilization:** 339,304

2007 Work RVU: 0.16 **2016 Work RVU:** 0.16
2007 NF PE RVU: 0.55 **2016 NF PE RVU:** 0.64
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73110 **Radiologic examination, wrist; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Wrist **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2014 Medicare Utilization:** 958,689

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.63 **2016 NF PE RVU:** 0.80
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73120 **Radiologic examination, hand; 2 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2014 Medicare Utilization:** 279,326

2007 Work RVU: 0.16 **2016 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2016 NF PE RVU:** 0.55
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

73130 **Radiologic examination, hand; minimum of 3 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2014 Medicare Utilization:** 1,036,088

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2016 NF PE RVU:** 0.67
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73140 **Radiologic examination, finger(s), minimum of 2 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ACR
First Identified: July 2015
2014 Medicare Utilization: 350,303

2007 Work RVU: 0.13 **2016 Work RVU:** 0.13
2007 NF PE RVU: 0.51 **2016 NF PE RVU:** 0.73
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

73200 **Computed tomography, upper extremity; without contrast material**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009
Tab 23
Specialty Developing Recommendation: ACR
First Identified: October 2008
2014 Medicare Utilization: 86,397

2007 Work RVU: 1.09 **2016 Work RVU:** 1.00
2007 NF PE RVU: 5.5 **2016 NF PE RVU:** 3.95
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.09
CPT Action (if applicable):
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73201 **Computed tomography, upper extremity; with contrast material(s)**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009
Tab 40
Specialty Developing Recommendation: ACR
First Identified: February 2009
2014 Medicare Utilization: 14,131

2007 Work RVU: 1.16 **2016 Work RVU:** 1.16
2007 NF PE RVU: 6.58 **2016 NF PE RVU:** 5.01
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen
CPT Action (if applicable):
Result: Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

73202 **Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009
Tab 40
Specialty Developing Recommendation: ACR
First Identified: February 2009
2014 Medicare Utilization: 1,888

2007 Work RVU: 1.22 **2016 Work RVU:** 1.22
2007 NF PE RVU: 8.38 **2016 NF PE RVU:** 6.49
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen
CPT Action (if applicable):
Result: Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73206 **Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** May 2013 **2014 Medicare Utilization:** 3,497

2007 Work RVU: 1.81 **2016 Work RVU:** 1.81
2007 NF PE RVU: 11.22 **2016 NF PE RVU:** 7.26
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey with all CTA codes for October 2013.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

73218 **Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2014 Medicare Utilization:** 31,291

2007 Work RVU: 1.35 **2016 Work RVU:** 1.35
2007 NF PE RVU: 12.24 **2016 NF PE RVU:** 8.79
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant published.

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2011

73221 **Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2014 Medicare Utilization:** 422,083

2007 Work RVU: 1.35 **2016 Work RVU:** 1.35
2007 NF PE RVU: 11.98 **2016 NF PE RVU:** 5.18
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.35

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73500 **Radiologic examination, hip, unilateral; 1 view** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2014 Medicare Utilization:** 525,133

2007 Work RVU: 0.17 **2016 Work RVU:**
2007 NF PE RVU: 0.52 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73501 **Radiologic examination, hip, unilateral, with pelvis when performed; 1 view** **Global:** **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.17 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73502 **Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views** **Global:** **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.22 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73503 **Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.27 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73510 **Radiologic examination, hip, unilateral; complete, minimum of 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2008 **2014 Medicare Utilization:** 2,465,800

2007 Work RVU: 0.21 **2016 Work RVU:**
2007 NF PE RVU: 0.67 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73520 **Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2014 Medicare Utilization:** 370,291

2007 Work RVU: 0.26 **2016 Work RVU:**
2007 NF PE RVU: 0.76 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73521 **Radiologic examination, hips, bilateral, with pelvis when performed; 2 views**

Global:

Issue: Radiologic Exam-Hip and Pelvis

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2015

Tab 14

Specialty Developing Recommendation: AAOS, ACR

First Identified: October 2014

2014 Medicare Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

RUC Recommendation: 0.22

CPT Action (if applicable): October 2014

Result: Decrease

Referred to CPT Asst ☐

Published in CPT Asst:

73522 **Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views**

Global:

Issue: Radiologic Exam-Hip and Pelvis

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2015

Tab 14

Specialty Developing Recommendation: AAOS, ACR

First Identified: October 2014

2014 Medicare Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

RUC Recommendation: 0.29

CPT Action (if applicable): October 2014

Result: Decrease

Referred to CPT Asst ☐

Published in CPT Asst:

73523 **Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views**

Global:

Issue: Radiologic Exam-Hip and Pelvis

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2015

Tab 14

Specialty Developing Recommendation: AAOS, ACR

First Identified: October 2014

2014 Medicare Utilization:

2007 Work RVU:

2016 Work RVU:

2007 NF PE RVU:

2016 NF PE RVU:

2007 Fac PE RVU:

2016 Fac PE RVU:

RUC Recommendation: 0.31

CPT Action (if applicable): October 2014

Result: Decrease

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

73540 **Radiologic examination, pelvis and hips, infant or child, minimum of 2 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2014 Medicare Utilization:** 223

2007 Work RVU: 0.20 **2016 Work RVU:**
2007 NF PE RVU: 0.68 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73542 **Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation** **Global:** XXX **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR **First Identified:** October 2009 **2014 Medicare Utilization:**

2007 Work RVU: 0.59 **2016 Work RVU:**
2007 NF PE RVU: 1.98 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT

73550 **Radiologic examination, femur, 2 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2014 Medicare Utilization:** 566,039

2007 Work RVU: 0.17 **2016 Work RVU:**
2007 NF PE RVU: 0.61 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73551 **Radiologic examination, femur; 1 view**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.16

CPT Action (if applicable): October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73552 **Radiologic examination, femur; minimum 2 views**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.18

CPT Action (if applicable): October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73560 **Radiologic examination, knee; 1 or 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2014 Medicare Utilization:** 2,032,443

2007 Work RVU: 0.17 **2016 Work RVU:** 0.16
2007 NF PE RVU: 0.58 **2016 NF PE RVU:** 0.69
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.16

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73562 **Radiologic examination, knee; 3 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2014 Medicare Utilization:** 2,099,005

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.65 **2016 NF PE RVU:** 0.80
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.18

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73564 **Radiologic examination, knee; complete, 4 or more views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2014 Medicare Utilization:** 1,248,298

2007 Work RVU: 0.22 **2016 Work RVU:** 0.22
2007 NF PE RVU: 0.73 **2016 NF PE RVU:** 0.87
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.22 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73565 **Radiologic examination, knee; both knees, standing, anteroposterior** **Global:** XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2014 Medicare Utilization:** 314,143

2007 Work RVU: 0.17 **2016 Work RVU:** 0.16
2007 NF PE RVU: 0.57 **2016 NF PE RVU:** 0.83
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.16 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73580 **Radiologic examination, knee, arthrography, radiological supervision and interpretation** **Global:** XXX **Issue:** Contrast X-Ray of Knee Joint **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2014 Medicare Utilization:** 32,547

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 2.67 **2016 NF PE RVU:** 2.65
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Review action plan at RAW Oct 2015. CPT Assistant Article published June 2012. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

Status Report: CMS Requests and Relativity Assessment Issues

73590 **Radiologic examination; tibia and fibula, 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2014 Medicare Utilization:** 485,861

2007 Work RVU: 0.17 **2016 Work RVU:** 0.16
2007 NF PE RVU: 0.57 **2016 NF PE RVU:** 0.62
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.16 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73600 **Radiologic examination, ankle; 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR, APMA **First Identified:** April 2013 **2014 Medicare Utilization:** 267,915

2007 Work RVU: 0.16 **2016 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2016 NF PE RVU:** 0.66
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.16 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73610 **Radiologic examination, ankle; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2014 Medicare Utilization:** 1,215,375

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2016 NF PE RVU:** 0.69
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73620 **Radiologic examination, foot; 2 views**

Global: XXX **Issue:** X-Ray Exam of Foot **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 27 **Specialty Developing Recommendation:** ACR, AAOS, APMA **First Identified:** October 2010 **2014 Medicare Utilization:** 736,973

2007 Work RVU: 0.16 **2016 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2016 NF PE RVU:** 0.55
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.16 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73630 **Radiologic examination, foot; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2014 Medicare Utilization:** 2,413,001

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2016 NF PE RVU:** 0.63
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73700 **Computed tomography, lower extremity; without contrast material**

Global: XXX **Issue:** CT Lower Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2014 Medicare Utilization:** 227,628

2007 Work RVU: 1.09 **2016 Work RVU:** 1.00
2007 NF PE RVU: 5.5 **2016 NF PE RVU:** 3.96
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.09 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73701 **Computed tomography, lower extremity; with contrast material(s)**

Global: XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2014 Medicare Utilization:** 34,061

2007 Work RVU: 1.16 **2016 Work RVU:** 1.16
2007 NF PE RVU: 6.6 **2016 NF PE RVU:** 5.11
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

73702 **Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2014 Medicare Utilization:** 4,448

2007 Work RVU: 1.22 **2016 Work RVU:** 1.22
2007 NF PE RVU: 8.4 **2016 NF PE RVU:** 6.41
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73706 **Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2014 Medicare Utilization:** 13,927

2007 Work RVU: 1.90 **2016 Work RVU:** 1.90
2007 NF PE RVU: 11.61 **2016 NF PE RVU:** 7.83
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey for October 2013. Remove from screen **CPT Action (if applicable):**

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

73718 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2014 Medicare Utilization:** 116,362

2007 Work RVU: 1.35 **2016 Work RVU:** 1.35
2007 NF PE RVU: 12.14 **2016 NF PE RVU:** 8.79
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):**

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

73719 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2014 Medicare Utilization:** 1,425

2007 Work RVU: 1.62 **2016 Work RVU:** 1.62
2007 NF PE RVU: 14.12 **2016 NF PE RVU:** 9.61
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):**

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

73720 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2014 Medicare Utilization:** 53,264

2007 Work RVU: 2.15 **2016 Work RVU:** 2.15
2007 NF PE RVU: 23.7 **2016 NF PE RVU:** 11.81
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):**

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73721 **Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material**

Global: XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2014 Medicare Utilization:** 610,205

2007 Work RVU: 1.35 **2016 Work RVU:** 1.35
2007 NF PE RVU: 12.05 **2016 NF PE RVU:** 5.19
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.35 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74000 **Radiologic examination, abdomen; single anteroposterior view**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2014 Medicare Utilization:** 2,055,914

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.55 **2016 NF PE RVU:** 0.46
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

74010 **Radiologic examination, abdomen; anteroposterior and additional oblique and cone views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2014 Medicare Utilization:** 38,005

2007 Work RVU: 0.23 **2016 Work RVU:** 0.23
2007 NF PE RVU: 0.68 **2016 NF PE RVU:** 0.74
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74020 **Radiologic examination, abdomen; complete, including decubitus and/or erect views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2014 Medicare Utilization:** 656,764

2007 Work RVU: 0.27 **2016 Work RVU:** 0.27
2007 NF PE RVU: 0.72 **2016 NF PE RVU:** 0.75
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

74022 **Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2014 Medicare Utilization:** 613,681

2007 Work RVU: 0.32 **2016 Work RVU:** 0.32
2007 NF PE RVU: 0.85 **2016 NF PE RVU:** 0.90
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

740X1

Global: **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

740X2

Global: **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

740X3

Global: **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: **CPT Action (if applicable):** February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

74150 **Computed tomography, abdomen; without contrast material**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2014 Medicare Utilization:** 98,474

2007 Work RVU: 1.19 **2016 Work RVU:** 1.19
2007 NF PE RVU: 5.97 **2016 NF PE RVU:** 2.93
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Review PE. 0.35 **CPT Action (if applicable):** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74160 **Computed tomography, abdomen; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / MPC List / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2014 Medicare Utilization:** 132,926

2007 Work RVU: 1.27 **2016 Work RVU:** 1.27
2007 NF PE RVU: 7.53 **2016 NF PE RVU:** 5.12
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.42 **CPT Action (if applicable):** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74170 **Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 34 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2014 Medicare Utilization:** 108,543

2007 Work RVU: 1.40 **2016 Work RVU:** 1.40
2007 NF PE RVU: 9.6 **2016 NF PE RVU:** 5.87
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.40 **CPT Action (if applicable):** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74174 **Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2014 Medicare Utilization:** 160,747

2007 Work RVU: **2016 Work RVU:** 2.20
2007 NF PE RVU: **2016 NF PE RVU:** 8.55
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 2.20 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74175 **Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2014 Medicare Utilization:** 47,351

2007 Work RVU: 1.90 **2016 Work RVU:** 1.82
2007 NF PE RVU: 12.39 **2016 NF PE RVU:** 6.67
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.82 **CPT Action (if applicable):** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74176 **Computed tomography, abdomen and pelvis; without contrast material** **Global:** XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 16 **Specialty Developing Recommendation:** ACR **First Identified:** **2014 Medicare Utilization:** 2,123,351

2007 Work RVU: **2016 Work RVU:** 1.74
2007 NF PE RVU: **2016 NF PE RVU:** 3.76
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.74 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74177 **Computed tomography, abdomen and pelvis; with contrast material(s)** **Global:** XXX **Issue:** CT Abdomen and Pelvis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR **First Identified:** **2014 Medicare Utilization:** 2,505,532

2007 Work RVU: **2016 Work RVU:** 1.82
2007 NF PE RVU: **2016 NF PE RVU:** 6.81
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.82 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74178 **Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions** **Global:** XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 16 **Specialty Developing Recommendation:** ACR **First Identified:** **2014 Medicare Utilization:** 577,266

2007 Work RVU: **2016 Work RVU:** 2.01
2007 NF PE RVU: **2016 NF PE RVU:** 7.76
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 2.01 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74181 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)** **Global:** XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2014 Medicare Utilization:** 104,114

2007 Work RVU: 1.46 **2016 Work RVU:** 1.46
2007 NF PE RVU: 11.71 **2016 NF PE RVU:** 7.78
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

74182 **Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)** **Global:** XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2014 Medicare Utilization:** 4,175

2007 Work RVU: 1.73 **2016 Work RVU:** 1.73
2007 NF PE RVU: 14.63 **2016 NF PE RVU:** 10.89
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

74183 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences** **Global:** XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2014 Medicare Utilization:** 220,290

2007 Work RVU: 2.26 **2016 Work RVU:** 2.26
2007 NF PE RVU: 23.72 **2016 NF PE RVU:** 11.80
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

74230 **Swallowing function, with cineradiography/videoradiography** **Global:** XXX **Issue:** Swallowing Function **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 28 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2014 Medicare Utilization:** 364,040

2007 Work RVU: 0.53 **2016 Work RVU:** 0.53
2007 NF PE RVU: 1.57 **2016 NF PE RVU:** 3.01
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.53 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74247 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2014 Medicare Utilization:** 25,597

2007 Work RVU: 0.69 **2016 Work RVU:** 0.69
2007 NF PE RVU: 2.18 **2016 NF PE RVU:** 3.21
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.69 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74280 **Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2014 Medicare Utilization:** 17,220

2007 Work RVU: 0.99 **2016 Work RVU:** 0.99
2007 NF PE RVU: 3.07 **2016 NF PE RVU:** 4.91
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.99 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74305 **Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2014 Medicare Utilization:** 17,553

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74320 **Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2014 Medicare Utilization:** 5,454

2007 Work RVU: 0.54 **2016 Work RVU:**
2007 NF PE RVU: 3 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74327 **Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2014 Medicare Utilization:** 354

2007 Work RVU: 0.70 **2016 Work RVU:**
2007 NF PE RVU: 2.19 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74400 **Urography (pyelography), intravenous, with or without KUB, with or without tomography**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **2014 Medicare Utilization:** 14,177

2007 Work RVU: 0.49 **2016 Work RVU:** 0.49
2007 NF PE RVU: 2 **2016 NF PE RVU:** 2.54
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.49

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74425 **Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation**

Global: XXX **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2014 Medicare Utilization:** 37,119

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: NA **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey October 2018

CPT Action (if applicable): October 2014

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

74475 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: XXX **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2014 Medicare Utilization:** 23,421

2007 Work RVU: 0.54 **2016 Work RVU:**
2007 NF PE RVU: 3.69 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74480 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: XXX **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2014 Medicare Utilization:** 14,157

2007 Work RVU: 0.54 **2016 Work RVU:**
2007 NF PE RVU: 3.69 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75574 **Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, ACC **First Identified:** May 2013 **2014 Medicare Utilization:** 41,662

2007 Work RVU: **2016 Work RVU:** 2.40
2007 NF PE RVU: **2016 NF PE RVU:** 9.20
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Survey with all CTA codes for October 2013.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

75635 **Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography of Abdominal Arteries **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2014 Medicare Utilization:** 92,884

2007 Work RVU: 2.40 **2016 Work RVU:** 2.40
2007 NF PE RVU: 15.56 **2016 NF PE RVU:** 8.10
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: CMS added to survey for October 2013. Remove from Screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

75650 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 1.49 **2016 Work RVU:**
2007 NF PE RVU: 10.66 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75671 **Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 1.66 **2016 Work RVU:**
2007 NF PE RVU: 11.08 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75680 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 1.66 **2016 Work RVU:**
2007 NF PE RVU: 10.96 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75710 **Angiography, extremity, unilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, RPA, SIR **First Identified:** July 2015 **2014 Medicare Utilization:** 140,951

2007 Work RVU: 1.14 **2016 Work RVU:** 1.14
2007 NF PE RVU: 10.72 **2016 NF PE RVU:** 3.32
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75716 **Angiography, extremity, bilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, RPA, SIR **First Identified:** July 2015 **2014 Medicare Utilization:** 83,532

2007 Work RVU: 1.31 **2016 Work RVU:** 1.31
2007 NF PE RVU: 10.96 **2016 NF PE RVU:** 3.80
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

75722 **Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation** **Global:** XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 1.14 **2016 Work RVU:**
2007 NF PE RVU: 10.7 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75724 **Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation** **Global:** XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 1.49 **2016 Work RVU:**
2007 NF PE RVU: 11.15 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75790 **Deleted from CPT**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 1.84 **2016 Work RVU:**
2007 NF PE RVU: 2.2 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75791 **Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation**

Global: XXX **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** **2014 Medicare Utilization:** 18,468

2007 Work RVU: **2016 Work RVU:** 1.71
2007 NF PE RVU: **2016 NF PE RVU:** 7.18
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75885 **Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2014 Medicare Utilization:** 414

2007 Work RVU: 1.44 **2016 Work RVU:** 1.44
2007 NF PE RVU: 10.54 **2016 NF PE RVU:** 2.92
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75887 **Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2014 Medicare Utilization:** 467

2007 Work RVU: 1.44 **2016 Work RVU:** 1.44
2007 NF PE RVU: 10.6 **2016 NF PE RVU:** 2.95
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

75894 **Transcatheter therapy, embolization, any method, radiological supervision and interpretation**

Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 16 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:** 7,211

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: NA **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

75896 **Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation**

Global: XXX **Issue:** Intracranial Endovascular Intervention **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 09 **Specialty Developing Recommendation:** AANS/CNS, ACR, ASNR, SCAI, SIR **First Identified:** February 2010 **2014 Medicare Utilization:** 4,928

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Code Deleted from CPT **CPT Action (if applicable):** February 2014 February 2015 May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75898 **Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**

Global: XXX **Issue:** Intracranial Endovascular Intervention **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 09 **Specialty Developing Recommendation:** AANS/CNS, ACR, ASNR, SCAI, SIR **First Identified:** February 2010 **2014 Medicare Utilization:** 12,610

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: NA **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Review utilization data Oct 2016. Carrier Price.

CPT Action (if applicable): February 2014 February 2015 **Result:** Contractor Price

Referred to CPT Asst ☐ **Published in CPT Asst:**

75940 **Percutaneous placement of IVC filter, radiological supervision and interpretation**

Global: XXX **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75945 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel**

Global: XXX **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2014 Medicare Utilization:** 9,364

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75946 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2014 Medicare Utilization:** 8,271

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75960 **Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75961 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation**

Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 4.24 **2016 Work RVU:**
2007 NF PE RVU: 9.99 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75962 **Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation**

Global: XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2010 **2014 Medicare Utilization:** 48,871

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 12.8 **2016 NF PE RVU:** 3.33
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75964 **Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2014 Medicare Utilization:** 1,924

2007 Work RVU: 0.36 **2016 Work RVU:** 0.36
2007 NF PE RVU: 6.96 **2016 NF PE RVU:** 2.07
2007 Fac PE RVU: 6.96 **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75966 **Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation**

Global: XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2014 Medicare Utilization:** 2,480

2007 Work RVU: 1.31 **2016 Work RVU:** 1.31
2007 NF PE RVU: 13.18 **2016 NF PE RVU:** 3.37
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75968 **Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2014 Medicare Utilization:** 234

2007 Work RVU: 0.36 **2016 Work RVU:** 0.36
2007 NF PE RVU: 6.99 **2016 NF PE RVU:** 2.07
2007 Fac PE RVU: 6.99 **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75978 **Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation**

Global: XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2013 **2014 Medicare Utilization:** 276,578

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 12.72 **2016 NF PE RVU:** 3.28
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75980 **Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2014 Medicare Utilization:** 1,884

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75982 **Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2014 Medicare Utilization:** 5,017

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75984 **Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2014 Medicare Utilization:** 62,277

2007 Work RVU: 0.72 **2016 Work RVU:** 0.72
2007 NF PE RVU: 2.18 **2016 NF PE RVU:** 2.23
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

75992 **Deleted from CPT**

Global: XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75993 **Deleted from CPT** **Global:** ZZZ **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75994 **Revised to Category III** **Global:** XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75995 **Revised to Category III** **Global:** XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75996 **Revised to Category III** **Global:** ZZZ **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76000 **Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)**

Global: XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2014 Medicare Utilization:** 134,658

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 1.68 **2016 NF PE RVU:** 1.13
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76100 **Radiologic examination, single plane body section (eg, tomography), other than with urography**

Global: XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2014 Medicare Utilization:** 5,448

2007 Work RVU: 0.58 **2016 Work RVU:** 0.58
2007 NF PE RVU: 1.93 **2016 NF PE RVU:** 1.97
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

76101 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral**

Global: XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2014 Medicare Utilization:** 189

2007 Work RVU: 0.58 **2016 Work RVU:** 0.58
2007 NF PE RVU: 2.5 **2016 NF PE RVU:** 3.09
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

76102 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral**

Global: XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2014 Medicare Utilization:** 1,112

2007 Work RVU: 0.58 **2016 Work RVU:** 0.58
2007 NF PE RVU: 3.35 **2016 NF PE RVU:** 4.29
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76512 **Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: AAO, AOA (optometry)
First Identified: July 2015
2014 Medicare Utilization: 192,425

2007 Work RVU: 0.94 **2016 Work RVU:** 0.94
2007 NF PE RVU: 1.97 **2016 NF PE RVU:** 1.66
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

76513 **Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy**

Global: XXX **Issue:** Ophthalmic Ultrasound **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011
Tab 51
Specialty Developing Recommendation: AAO, AOA (optometric)
First Identified: February 2008
2014 Medicare Utilization: 27,278

2007 Work RVU: 0.66 **2016 Work RVU:** 0.66
2007 NF PE RVU: 1.75 **2016 NF PE RVU:** 2.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.66 and CPT Assistant article published
CPT Action (if applicable): May 2008
Result: Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2013

76519 **Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: AAO, AOA (optometry)
First Identified: July 2015
2014 Medicare Utilization: 371,305

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 1.49 **2016 NF PE RVU:** 1.83
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

76536 **Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation**

Global: XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009
Tab 29
Specialty Developing Recommendation: ACR, ASNR, TES, AACE
First Identified: October 2008
2014 Medicare Utilization: 760,096

2007 Work RVU: 0.56 **2016 Work RVU:** 0.56
2007 NF PE RVU: 1.83 **2016 NF PE RVU:** 2.68
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.56
CPT Action (if applicable):
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76641 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.73
2007 NF PE RVU: **2016 NF PE RVU:** 2.26
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.73 **CPT Action (if applicable):** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

76642 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.68
2007 NF PE RVU: **2016 NF PE RVU:** 1.77
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.68 **CPT Action (if applicable):** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

76645 **Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2014 Medicare Utilization:** 912,319

2007 Work RVU: 0.54 **2016 Work RVU:**
2007 NF PE RVU: 1.41 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

76700 **Ultrasound, abdominal, real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2014 Medicare Utilization:** 1,012,962

2007 Work RVU: 0.81 **2016 Work RVU:** 0.81
2007 NF PE RVU: 2.39 **2016 NF PE RVU:** 2.61
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.81 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76705 **Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2014 Medicare Utilization:** 1,000,520

2007 Work RVU: 0.59 **2016 Work RVU:** 0.59
2007 NF PE RVU: 1.77 **2016 NF PE RVU:** 1.95
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.59 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76770 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2014 Medicare Utilization:** 1,220,851

2007 Work RVU: 0.74 **2016 Work RVU:** 0.74
2007 NF PE RVU: 2.36 **2016 NF PE RVU:** 2.41
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.74 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76775 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2014 Medicare Utilization:** 686,073

2007 Work RVU: 0.58 **2016 Work RVU:** 0.58
2007 NF PE RVU: 1.81 **2016 NF PE RVU:** 1.02
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.58 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

767X1

Global: **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** May 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.55 and refer to CPT Assistant **CPT Action (if applicable):** May 2015 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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Status Report: CMS Requests and Relativity Assessment Issues

76819 **Fetal biophysical profile; without non-stress testing**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2014 Medicare Utilization:** 13,106

2007 Work RVU: 0.77 **2016 Work RVU:** 0.77
2007 NF PE RVU: 1.81 **2016 NF PE RVU:** 1.69
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

76830 **Ultrasound, transvaginal**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA

First Identified: September 2011 **2014 Medicare Utilization:** 456,190

2007 Work RVU: 0.69 **2016 Work RVU:** 0.69
2007 NF PE RVU: 1.97 **2016 NF PE RVU:** 2.71
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.69

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76856 **Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **2014 Medicare Utilization:** 508,521

2007 Work RVU: 0.69 **2016 Work RVU:** 0.69
2007 NF PE RVU: 1.99 **2016 NF PE RVU:** 2.37
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.69

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76857 **Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR

First Identified: April 2013 **2014 Medicare Utilization:** 239,782

2007 Work RVU: 0.38 **2016 Work RVU:** 0.50
2007 NF PE RVU: 1.99 **2016 NF PE RVU:** 0.80
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.50

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76872 **Ultrasound, transrectal;**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2014 Medicare Utilization:** 195,695

2007 Work RVU: 0.69 **2016 Work RVU:** 0.69
2007 NF PE RVU: 2.52 **2016 NF PE RVU:** 1.94
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.69 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76880 **Deleted from CPT**

Global: XXX **Issue:** Lower Extremity Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 26 **Specialty Developing Recommendation:** APMA, ACR **First Identified:** October 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.59 **2016 Work RVU:**
2007 NF PE RVU: 1.97 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76881 **Ultrasound, extremity, nonvascular, real-time with image documentation; complete**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing / New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** AAPMR, APMA, ACR **First Identified:** April 2010 **2014 Medicare Utilization:** 174,514

2007 Work RVU: **2016 Work RVU:** 0.63
2007 NF PE RVU: **2016 NF PE RVU:** 2.59
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Assistant. 0.72 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of

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Status Report: CMS Requests and Relativity Assessment Issues

76882 **Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing / New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** AAPMR, APMA, ACR **First Identified:** April 2010 **2014 Medicare Utilization:** 247,113

2007 Work RVU: **2016 Work RVU:** 0.49
2007 NF PE RVU: **2016 NF PE RVU:** 0.49
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Assistant. 0.50 **CPT Action (if applicable):** February 2010 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of

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76930 **Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2014 Medicare Utilization:** 2,142

2007 Work RVU: 0.67 **2016 Work RVU:** 0.00
2007 NF PE RVU: 1.85 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.67 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76932 **Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2014 Medicare Utilization:** 1,161

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: NA **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.67 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76936 **Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)**

Global: XXX **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2014 Medicare Utilization:** 1,367

2007 Work RVU: 1.99 **2016 Work RVU:** 1.99
2007 NF PE RVU: 6.67 **2016 NF PE RVU:** 5.41
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76940 **Ultrasound guidance for, and monitoring of, parenchymal tissue ablation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** July 2013 **2014 Medicare Utilization:** 1,575

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: NA **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.00 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76942 **Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance for Needle Placement **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 35 **Specialty Developing Recommendation:** AACE, AAOS, AAPMR, ACR, ACRh, APMA, ASA, ASBS, ASIPP, AUA, SIR, TES **First Identified:** April 2011 **2014 Medicare Utilization:** 1,945,388

2007 Work RVU: 0.67 **2016 Work RVU:** 0.67
2007 NF PE RVU: 3.43 **2016 NF PE RVU:** 1.01
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Review utilization at the RAW. 0.67 **CPT Action (if applicable):** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76948 **Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation** **Global:** XXX **Issue:** Echo Guidance for Ova Aspiration **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 25 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2013 **2014 Medicare Utilization:** 11

2007 Work RVU: 0.38 **2016 Work RVU:** 0.67
2007 NF PE RVU: 1.34 **2016 NF PE RVU:** 1.37
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.85 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76950 **Ultrasonic guidance for placement of radiation therapy fields** **Global:** XXX **Issue:** Ultrasound Guidance **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2014 Medicare Utilization:** 19,174

2007 Work RVU: 0.58 **2016 Work RVU:**
2007 NF PE RVU: 1.43 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76965 **Ultrasonic guidance for interstitial radioelement application** **Global:** XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** NO INTERESET **First Identified:** July 2013 **2014 Medicare Utilization:** 6,293

2007 Work RVU: 1.34 **2016 Work RVU:** 1.34
2007 NF PE RVU: 4.8 **2016 NF PE RVU:** 1.16
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76970 **Ultrasound study follow-up (specify)**

Global: XXX **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACS, ACR, AACE **First Identified:** February 2008 **2014 Medicare Utilization:** 22,722

2007 Work RVU: 0.40 **2016 Work RVU:** 0.40
2007 NF PE RVU: 1.41 **2016 NF PE RVU:** 2.21
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

77001 **Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 13 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2014 Medicare Utilization:** 437,516

2007 Work RVU: 0.38 **2016 Work RVU:** 0.38
2007 NF PE RVU: 1.73 **2016 NF PE RVU:** 1.57
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.38

CPT Action (if applicable): October 2015

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77002 **Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)**

Global: XXX **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2015 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 13 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2014 Medicare Utilization:** 383,113

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 1.4 **2016 NF PE RVU:** 2.03
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.54 **CPT Action (if applicable):** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77003 **Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)**

Global: XXX **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 13 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** October 2010 **2014 Medicare Utilization:** 956,017

2007 Work RVU: 0.60 **2016 Work RVU:** 0.60
2007 NF PE RVU: 1.28 **2016 NF PE RVU:** 1.79
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.60 **CPT Action (if applicable):** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77011 **Computed tomography guidance for stereotactic localization**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 15 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** **2014 Medicare Utilization:** 4,648

2007 Work RVU: 1.21 **2016 Work RVU:** 1.21
2007 NF PE RVU: 11.38 **2016 NF PE RVU:** 4.98
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77014 **Computed tomography guidance for placement of radiation therapy fields**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2014 Medicare Utilization:** 1,431,826

2007 Work RVU: 0.85 **2016 Work RVU:** 0.85
2007 NF PE RVU: 3.53 **2016 NF PE RVU:** 2.42
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT. Review Sept 2018. Maintain current value **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

77031 **Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2014 Medicare Utilization:**

2007 Work RVU: 1.59 **2016 Work RVU:**
2007 NF PE RVU: 6.19 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77032 **Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2014 Medicare Utilization:**

2007 Work RVU: 0.56 **2016 Work RVU:**
2007 NF PE RVU: 1.26 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77051 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: **2014 Medicare Utilization:** 1,045,334

2007 Work RVU: 0.06 **2016 Work RVU:** 0.06
2007 NF PE RVU: 0.38 **2016 NF PE RVU:** 0.17
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77052 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2014 Medicare Utilization:** 5,367,584

2007 Work RVU: 0.06 **2016 Work RVU:** 0.06
2007 NF PE RVU: 0.38 **2016 NF PE RVU:** 0.17
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77055 **Mammography; unilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2014 Medicare Utilization:** 36,236

2007 Work RVU: 0.70 **2016 Work RVU:** 0.70
2007 NF PE RVU: 1.34 **2016 NF PE RVU:** 1.78
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77056 **Mammography; bilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2014 Medicare Utilization:** 28,228

2007 Work RVU: 0.87 **2016 Work RVU:** 0.87
2007 NF PE RVU: 1.68 **2016 NF PE RVU:** 2.32
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77057 **Screening mammography, bilateral (2-view study of each breast)**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2014 Medicare Utilization:** 219,189

2007 Work RVU: 0.70 **2016 Work RVU:** 0.70
2007 NF PE RVU: 1.43 **2016 NF PE RVU:** 1.57
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77058 **Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral**

Global: XXX **Issue:** MRI Breast **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ACR
First Identified: July 2015
2014 Medicare Utilization: 2,416

2007 Work RVU: 1.63 **2016 Work RVU:** 1.63
2007 NF PE RVU: 18.76 **2016 NF PE RVU:** 13.35
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

77059 **Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral**

Global: XXX **Issue:** MRI Breast **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ACR
First Identified: July 2015
2014 Medicare Utilization: 66,590

2007 Work RVU: 1.63 **2016 Work RVU:** 1.63
2007 NF PE RVU: 23.46 **2016 NF PE RVU:** 13.28
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

77079 **Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: XXX **Issue:** CT Bone Density Study **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010
Tab 31
Specialty Developing Recommendation: ACR, AAFP, ACP
First Identified: October 2009
2014 Medicare Utilization:

2007 Work RVU: 0.22 **2016 Work RVU:**
2007 NF PE RVU: 2.45 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT
CPT Action (if applicable): October 2010
Result: Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77080 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2014 Medicare Utilization:** 2,258,787

2007 Work RVU: 0.20 **2016 Work RVU:** 0.20
2007 NF PE RVU: 2.59 **2016 NF PE RVU:** 0.94
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.20 **CPT Action (if applicable):** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77082 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2014 Medicare Utilization:** 139,224

2007 Work RVU: 0.17 **2016 Work RVU:**
2007 NF PE RVU: 0.71 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77083 **Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites**

Global: XXX **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, ACP **First Identified:** October 2009 **2014 Medicare Utilization:**

2007 Work RVU: 0.20 **2016 Work RVU:**
2007 NF PE RVU: 0.71 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77085 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.30
2007 NF PE RVU: **2016 NF PE RVU:** 1.24
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.30 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77086 **Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.17
2007 NF PE RVU: **2016 NF PE RVU:** 0.81
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

770X1

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.81 **CPT Action (if applicable):** October 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

770X2

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

770X3

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.76 **CPT Action (if applicable):** October 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77261 **Therapeutic radiology treatment planning; simple**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015 **2014 Medicare Utilization:** 14,483

2007 Work RVU: 1.39 **2016 Work RVU:** 1.39
2007 NF PE RVU: 0.51 **2016 NF PE RVU:** 0.66
2007 Fac PE RVU: 0.51 **2016 Fac PE RVU:** 0.66

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

77262 **Therapeutic radiology treatment planning; intermediate**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015 **2014 Medicare Utilization:** 6,543

2007 Work RVU: 2.11 **2016 Work RVU:** 2.11
2007 NF PE RVU: 0.74 **2016 NF PE RVU:** 0.94
2007 Fac PE RVU: 0.74 **2016 Fac PE RVU:** 0.94

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77263 **Therapeutic radiology treatment planning; complex**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ASTRO
First Identified: July 2015
2014 Medicare Utilization: 272,535
2007 Work RVU: 3.14 **2016 Work RVU:** 3.14
2007 NF PE RVU: 1.1 **2016 NF PE RVU:** 1.31
2007 Fac PE RVU: 1.1 **2016 Fac PE RVU:** 1.31
RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

77280 **Therapeutic radiology simulation-aided field setting; simple**

Global: XXX **Issue:** Set Radiation Therapy Field **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013
Tab 14
Specialty Developing Recommendation: ASTRO
First Identified: April 2011
2014 Medicare Utilization: 318,288
2007 Work RVU: 0.70 **2016 Work RVU:** 0.70
2007 NF PE RVU: 3.89 **2016 NF PE RVU:** 6.97
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
RUC Recommendation: 0.70
CPT Action (if applicable): October 2012
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77285 **Therapeutic radiology simulation-aided field setting; intermediate**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013
Tab 14
Specialty Developing Recommendation: ASTRO
First Identified: September 2011
2014 Medicare Utilization: 3,459
2007 Work RVU: 1.05 **2016 Work RVU:** 1.05
2007 NF PE RVU: 6.45 **2016 NF PE RVU:** 11.05
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
RUC Recommendation: 1.05
CPT Action (if applicable): October 2012
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77290 **Therapeutic radiology simulation-aided field setting; complex**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2014 Medicare Utilization:** 330,054

2007 Work RVU: 1.56 **2016 Work RVU:** 1.56
2007 NF PE RVU: 8.63 **2016 NF PE RVU:** 12.88
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.56 **CPT Action (if applicable):** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77293 **Respiratory motion management simulation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2014 Medicare Utilization:** 13,161

2007 Work RVU: **2016 Work RVU:** 2.00
2007 NF PE RVU: **2016 NF PE RVU:** 11.03
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77295 **3-dimensional radiotherapy plan, including dose-volume histograms**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2014 Medicare Utilization:** 142,257

2007 Work RVU: 4.56 **2016 Work RVU:** 4.29
2007 NF PE RVU: 23.92 **2016 NF PE RVU:** 9.31
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 4.29 **CPT Action (if applicable):** October 2012, October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77300 **Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** MPC List / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2014 Medicare Utilization:** 1,759,415

2007 Work RVU: 0.62 **2016 Work RVU:** 0.62
2007 NF PE RVU: 1.45 **2016 NF PE RVU:** 1.22
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.62 **CPT Action (if applicable):** February 2014, October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77301 **Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications**

Global: XXX **Issue:** IMRT - PE Only **Screen:** CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes1 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 28 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2014 Medicare Utilization:** 101,569

2007 Work RVU: 7.99 **2016 Work RVU:** 7.99
2007 NF PE RVU: 37.25 **2016 NF PE RVU:** 46.51
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 7.99. CPT Assistant article published. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009

77305 **Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2014 Medicare Utilization:** 4,140

2007 Work RVU: 0.70 **2016 Work RVU:**
2007 NF PE RVU: 1.79 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77306 **Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.40
2007 NF PE RVU: **2016 NF PE RVU:** 2.73
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.40 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77307 **Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 2.90
2007 NF PE RVU: **2016 NF PE RVU:** 5.09
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 2.90 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77310 **Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2014 Medicare Utilization:** 1,323

2007 Work RVU: 1.05 **2016 Work RVU:**
2007 NF PE RVU: 2.32 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77315 **Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2014 Medicare Utilization:** 66,730

2007 Work RVU: 1.56 **2016 Work RVU:**
2007 NF PE RVU: 2.9 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77316 **Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.40
2007 NF PE RVU: **2016 NF PE RVU:** 3.83
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77317 **Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.83
2007 NF PE RVU: **2016 NF PE RVU:** 4.97
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.83 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77318 **Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 / RUC Request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: October 2012 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 2.90
2007 NF PE RVU: **2016 NF PE RVU:** 6.92
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 2.90

CPT Action (if applicable): February 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77326 **Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2014 Medicare Utilization:** 6,615

2007 Work RVU: 0.93 **2016 Work RVU:**
2007 NF PE RVU: 2.75 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77327 **Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010 **2014 Medicare Utilization:** 2,592

2007 Work RVU: 1.39 **2016 Work RVU:**
2007 NF PE RVU: 3.97 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77328 **Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2014 Medicare Utilization:** 10,335

2007 Work RVU: 2.09 **2016 Work RVU:**
2007 NF PE RVU: 5.54 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77332 **Treatment devices, design and construction; simple (simple block, simple bolus)**

Global: XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO

First Identified: April 2015 **2014 Medicare Utilization:** 113,426

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 1.53 **2016 NF PE RVU:** 1.78
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.54

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77333 **Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)**

Global: XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO

First Identified: April 2015 **2014 Medicare Utilization:** 11,218

2007 Work RVU: 0.84 **2016 Work RVU:** 0.84
2007 NF PE RVU: 1.75 **2016 NF PE RVU:** 0.61
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.84

CPT Action (if applicable): **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77334 **Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)**

Global: XXX **Issue:** **Screen:** MPC List / RUC request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2014 Medicare Utilization:** 878,025

2007 Work RVU: 1.24 **2016 Work RVU:** 1.24
2007 NF PE RVU: 3.43 **2016 NF PE RVU:** 3.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.24 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77336 **Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy**

Global: XXX **Issue:** Continuing Medical Physics Consultation-PE Only **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 31 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2014 Medicare Utilization:** 458,154

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 2.52 **2016 NF PE RVU:** 2.17
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77338 **Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan**

Global: XXX **Issue:** IMRT - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 28 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2014 Medicare Utilization:** 122,282

2007 Work RVU: **2016 Work RVU:** 4.29
2007 NF PE RVU: **2016 NF PE RVU:** 9.79
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77371 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based**

Global: XXX **Issue:** Radiation Treatment Delivery, Stereotactic Radiosurgery **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 30 **Specialty Developing Recommendation:** ASTRO **First Identified:** NA **2014 Medicare Utilization:** 57

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 30.25 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.00

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77372 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** **2014 Medicare Utilization:** 825

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 22.93 **2016 NF PE RVU:** 30.09
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77373 **Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASTRO, ACRO **First Identified:** July 2012 **2014 Medicare Utilization:** 17,955

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 42.87 **2016 NF PE RVU:** 38.24
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77385 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines **CPT Action (if applicable):** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77386 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines **CPT Action (if applicable):** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77387 **Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 0.58 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77402 **Radiation treatment delivery, >1 MeV; simple**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO

First Identified: October 2012

2014 Medicare Utilization: 14,074

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00

2007 NF PE RVU: 2.37 **2016 NF PE RVU:** 0.00

2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines

CPT Action (if applicable): October 2013 and Feburary 2014

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77403 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO

First Identified: October 2012

2014 Medicare Utilization: 5,869

2007 Work RVU: 0.00 **2016 Work RVU:**

2007 NF PE RVU: 2.27 **2016 NF PE RVU:**

2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2013

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77404 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO

First Identified: October 2012

2014 Medicare Utilization: 4,166

2007 Work RVU: 0.00 **2016 Work RVU:**

2007 NF PE RVU: 2.38 **2016 NF PE RVU:**

2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2013

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77406 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2014 Medicare Utilization:** 800

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 2.38 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77407 **Radiation treatment delivery, >1 MeV; intermediate**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2014 Medicare Utilization:** 21,303

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 2.93 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines **CPT Action (if applicable):** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77408 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2014 Medicare Utilization:** 1,859

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 2.87 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77409 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2014 Medicare Utilization:** 1,010

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 3.02 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77411 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2014 Medicare Utilization:** 168

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 3.01 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77412 **Radiation treatment delivery, >1 MeV; complex**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2014 Medicare Utilization:** 10,813

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 3.46 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.00

RUC Recommendation: PE Only, revised introductory guidelines **CPT Action (if applicable):** October 2013 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77413 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2014 Medicare Utilization:** 473,840

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 3.46 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77414 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2014 Medicare Utilization:** 345,781

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 3.68 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77416 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2014 Medicare Utilization:** 40,241

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 3.68 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77418 **Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2008 **2014 Medicare Utilization:** 1,295,647

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 16.8 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009 and Q&A

Status Report: CMS Requests and Relativity Assessment Issues

77421 **Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** February 2010 **2014 Medicare Utilization:** 1,365,668

2007 Work RVU: 0.39 **2016 Work RVU:**
2007 NF PE RVU: 3.11 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77422 **High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking**

Global: XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 4.58 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.00

RUC Recommendation: Contractor Price **CPT Action (if applicable):** **Result:** Contractor Price

Referred to CPT Asst ☐ **Published in CPT Asst:**

77423 **High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)**

Global: XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 3.84 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.00

RUC Recommendation: Contractor Price **CPT Action (if applicable):** **Result:** Contractor Price

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77427 **Radiation treatment management, 5 treatments**

Global: XXX **Issue:** Radiation Treatment Management **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASTRO

First Identified: September 2007

2014 Medicare Utilization: 1,106,614

2007 Work RVU: 3.70 **2016 Work RVU:** 3.37
2007 NF PE RVU: 1.15 **2016 NF PE RVU:** 1.63
2007 Fac PE RVU: 1.15 **2016 Fac PE RVU:** 1.63

RUC Recommendation: 3.45. Remove from high E/M screen.

CPT Action (if applicable): June 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77470 **Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)**

Global: XXX **Issue:** Special Radiation Treatment **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 41 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015

2014 Medicare Utilization: 105,249

2007 Work RVU: 2.09 **2016 Work RVU:** 2.09
2007 NF PE RVU: 9.35 **2016 NF PE RVU:** 2.21
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.03

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77600 **Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)**

Global: XXX **Issue:** Hyperthermia - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: October 2012

2014 Medicare Utilization: 3,148

2007 Work RVU: 1.56 **2016 Work RVU:** 1.56
2007 NF PE RVU: 5.09 **2016 NF PE RVU:** 10.20
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77767 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel**

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.05 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77768 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions**

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.40 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77770 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel**

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.95 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77771 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels**

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 3.80 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77772 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels**

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 5.40 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77776 **Interstitial radiation source application; simple**

Global: 090 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2014 Medicare Utilization:** 28

2007 Work RVU: 4.67 **2016 Work RVU:**
2007 NF PE RVU: 4.23 **2016 NF PE RVU:**
2007 Fac PE RVU: 4.23 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77777 **Interstitial radiation source application; intermediate**

Global: 090 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2014 Medicare Utilization:** 53

2007 Work RVU: 7.49 **2016 Work RVU:**
2007 NF PE RVU: 6.92 **2016 NF PE RVU:**
2007 Fac PE RVU: 6.92 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77778 **Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed**

Global: 000 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** October 2012 **2014 Medicare Utilization:** 5,328

2007 Work RVU: 11.23 **2016 Work RVU:** 8.00
2007 NF PE RVU: 9.38 **2016 NF PE RVU:** 13.55
2007 Fac PE RVU: 9.38 **2016 Fac PE RVU:** NA

RUC Recommendation: 8.78 **CPT Action (if applicable):** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77781 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2014 Medicare Utilization:**

2007 Work RVU: 1.21 **2016 Work RVU:**
2007 NF PE RVU: 16.73 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77782 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 2.04 **2016 Work RVU:**
2007 NF PE RVU: 18.94 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77784 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 5.15 **2016 Work RVU:**
2007 NF PE RVU: 28.04 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77785 **Remote afterloading high dose rate radionuclide brachytherapy; 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2014 Medicare Utilization:** 20,467

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77786 **Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels** **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2014 Medicare Utilization:** 30,410

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77787 **Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels** **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2014 Medicare Utilization:** 5,842

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77790 **Supervision, handling, loading of radiation source** **Global:** XXX **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASTRO, SIR **First Identified:** October 2012 **2014 Medicare Utilization:** 6,061

2007 Work RVU: 1.05 **2016 Work RVU:** 0.00
2007 NF PE RVU: 1 **2016 NF PE RVU:** 0.41
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.00 **CPT Action (if applicable):** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78000 **Thyroid uptake; single determination**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 0.19 **2016 Work RVU:**
2007 NF PE RVU: 1.21 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78001 **Thyroid uptake; multiple determinations**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 0.26 **2016 Work RVU:**
2007 NF PE RVU: 1.59 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78003 **Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 0.33 **2016 Work RVU:**
2007 NF PE RVU: 1.26 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78006 **Thyroid imaging, with uptake; single determination**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 0.49 **2016 Work RVU:**
2007 NF PE RVU: 3.38 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78007 **Thyroid imaging, with uptake; multiple determinations**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2014 Medicare Utilization:**

2007 Work RVU: 0.50 **2016 Work RVU:**
2007 NF PE RVU: 2.76 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78010 **Thyroid imaging; only**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 0.39 **2016 Work RVU:**
2007 NF PE RVU: 2.45 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78011 **Thyroid imaging; with vascular flow**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 0.45 **2016 Work RVU:**
2007 NF PE RVU: 2.99 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78012 **Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2014 Medicare Utilization:** 3,588

2007 Work RVU: **2016 Work RVU:** 0.19
2007 NF PE RVU: **2016 NF PE RVU:** 2.08
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.19 **CPT Action (if applicable):** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78013 **Thyroid imaging (including vascular flow, when performed);**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2014 Medicare Utilization:** 3,199

2007 Work RVU: **2016 Work RVU:** 0.37
2007 NF PE RVU: **2016 NF PE RVU:** 5.12
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.37 **CPT Action (if applicable):** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78014 **Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2014 Medicare Utilization:** 29,948

2007 Work RVU: **2016 Work RVU:** 0.50
2007 NF PE RVU: **2016 NF PE RVU:** 6.46
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78070 **Parathyroid planar imaging (including subtraction, when performed);**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2014 Medicare Utilization:** 16,596

2007 Work RVU: 0.82 **2016 Work RVU:** 0.80
2007 NF PE RVU: 4.21 **2016 NF PE RVU:** 7.83
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.80. Refer to CPT Assistant and review 2 years after article is published. **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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Status Report: CMS Requests and Relativity Assessment Issues

78071 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2014 Medicare Utilization:** 8,157

2007 Work RVU: **2016 Work RVU:** 1.20
2007 NF PE RVU: **2016 NF PE RVU:** 9.10
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.20. Refer to CPT Assistant and review 2 years after article is published.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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78072 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2014 Medicare Utilization:** 5,602

2007 Work RVU: **2016 Work RVU:** 1.60
2007 NF PE RVU: **2016 NF PE RVU:** 10.30
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.60. Refer to CPT Assistant and review 2 years after article is published.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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78223 **Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function**

Global: XXX **Issue:** Hepatobiliary Ductal System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2009 **2014 Medicare Utilization:**

2007 Work RVU: 0.84 **2016 Work RVU:**
2007 NF PE RVU: 4.95 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78226 **Hepatobiliary system imaging, including gallbladder when present;**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2014 Medicare Utilization:** 70,948

2007 Work RVU: **2016 Work RVU:** 0.74
2007 NF PE RVU: **2016 NF PE RVU:** 8.82
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.74 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78227 **Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2014 Medicare Utilization:** 79,711

2007 Work RVU: **2016 Work RVU:** 0.90
2007 NF PE RVU: **2016 NF PE RVU:** 12.10
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.90 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78265 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit**

Global: **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: Refer to CPT Assistant **CPT Action (if applicable):** **Result:** Not Part of RAW

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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78266 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days**

Global: **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** No

Most Recent RUC Meeting: April 2015 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: Refer to CPT Assistant **CPT Action (if applicable):** **Result:** Not Part of RAW

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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Status Report: CMS Requests and Relativity Assessment Issues

78278 **Acute gastrointestinal blood loss imaging**

Global: XXX **Issue:** Acute GI Blood Loss Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 34 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** April 2011 **2014 Medicare Utilization:** 35,303

2007 Work RVU: 0.99 **2016 Work RVU:** 0.99
2007 NF PE RVU: 5.92 **2016 NF PE RVU:** 9.06
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.99 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78300 **Bone and/or joint imaging; limited area**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2014 Medicare Utilization:** 13,747

2007 Work RVU: 0.62 **2016 Work RVU:** 0.62
2007 NF PE RVU: 3 **2016 NF PE RVU:** 4.57
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

78305 **Bone and/or joint imaging; multiple areas**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2014 Medicare Utilization:** 2,719

2007 Work RVU: 0.83 **2016 Work RVU:** 0.83
2007 NF PE RVU: 4.24 **2016 NF PE RVU:** 5.81
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

78306 **Bone and/or joint imaging; whole body**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2014 Medicare Utilization:** 299,067

2007 Work RVU: 0.86 **2016 Work RVU:** 0.86
2007 NF PE RVU: 4.84 **2016 NF PE RVU:** 6.40
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78451 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2014 Medicare Utilization:** 41,426

2007 Work RVU: **2016 Work RVU:** 1.38
2007 NF PE RVU: **2016 NF PE RVU:** 8.42
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.40 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78452 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2014 Medicare Utilization:** 2,046,624

2007 Work RVU: **2016 Work RVU:** 1.62
2007 NF PE RVU: **2016 NF PE RVU:** 11.99
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.75 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78453 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2014 Medicare Utilization:** 1,918

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 7.74
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78454 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2014 Medicare Utilization:** 12,568

2007 Work RVU: **2016 Work RVU:** 1.34
2007 NF PE RVU: **2016 NF PE RVU:** 11.24
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.34 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78460 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 0.86 **2016 Work RVU:**
2007 NF PE RVU: 3.1 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78461 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 1.23 **2016 Work RVU:**
2007 NF PE RVU: 4.81 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78464 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 1.09 **2016 Work RVU:**
2007 NF PE RVU: 7.03 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78465 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 1.46 **2016 Work RVU:**
2007 NF PE RVU: 12.08 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78472 **Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing**

Global: XXX **Issue:** Cardiac Blood Pool Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM **First Identified:** April 2011 **2014 Medicare Utilization:** 31,878

2007 Work RVU: 0.98 **2016 Work RVU:** 0.98
2007 NF PE RVU: 5.87 **2016 NF PE RVU:** 5.61
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.98 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78478 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.50 **2016 Work RVU:**
2007 NF PE RVU: 1.54 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78480 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.30 **2016 Work RVU:**
2007 NF PE RVU: 1.51 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78579 **Pulmonary ventilation imaging (eg, aerosol or gas)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2014 Medicare Utilization:** 1,346

2007 Work RVU: **2016 Work RVU:** 0.49
2007 NF PE RVU: **2016 NF PE RVU:** 4.88
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.49 **CPT Action (if applicable):** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78580 **Pulmonary perfusion imaging (eg, particulate)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2014 Medicare Utilization:** 16,947

2007 Work RVU: 0.74 **2016 Work RVU:** 0.74
2007 NF PE RVU: 3.97 **2016 NF PE RVU:** 6.15
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.74 **CPT Action (if applicable):** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78582 **Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM

First Identified: February 2010 **2014 Medicare Utilization:** 217,882

2007 Work RVU: **2016 Work RVU:** 1.07

2007 NF PE RVU: **2016 NF PE RVU:** 8.57

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.07

CPT Action (if applicable): October 2010

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78584 **Pulmonary perfusion imaging, particulate, with ventilation; single breath**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.99 **2016 Work RVU:**

2007 NF PE RVU: 3.34 **2016 NF PE RVU:**

2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78585 **Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: October 2009 **2014 Medicare Utilization:**

2007 Work RVU: 1.09 **2016 Work RVU:**

2007 NF PE RVU: 6.53 **2016 NF PE RVU:**

2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78586 **Pulmonary ventilation imaging, aerosol; single projection**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.40 **2016 Work RVU:**

2007 NF PE RVU: 3.02 **2016 NF PE RVU:**

2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78587 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.49 **2016 Work RVU:**
2007 NF PE RVU: 3.51 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78588 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 1.09 **2016 Work RVU:**
2007 NF PE RVU: 4.7 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78591 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.40 **2016 Work RVU:**
2007 NF PE RVU: 3.21 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78593 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.49 **2016 Work RVU:**
2007 NF PE RVU: 3.84 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78594 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.53 **2016 Work RVU:**
2007 NF PE RVU: 5.12 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78596 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 1.27 **2016 Work RVU:**
2007 NF PE RVU: 7.7 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78597 **Quantitative differential pulmonary perfusion, including imaging when performed**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2014 Medicare Utilization:** 1,582

2007 Work RVU: **2016 Work RVU:** 0.75
2007 NF PE RVU: **2016 NF PE RVU:** 5.06
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.75 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78598 **Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2014 Medicare Utilization:** 4,155

2007 Work RVU: **2016 Work RVU:** 0.85
2007 NF PE RVU: **2016 NF PE RVU:** 7.99
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.85 **CPT Action (if applicable):** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78803 **Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)**

Global: XXX **Issue:** RAW **Screen:** CPT 2013 Utilization Review **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** January 2016 **2014 Medicare Utilization:** 8,853

2007 Work RVU: 1.09 **2016 Work RVU:** 1.09
2007 NF PE RVU: 8.73 **2016 NF PE RVU:** 8.71
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Assistant.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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78815 **Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2010 **2014 Medicare Utilization:** 511,586

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

79101 **Radiopharmaceutical therapy, by intravenous administration**

Global: XXX **Issue:** Radiopharmaceutical Therapy **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2014 Medicare Utilization:** 8,151

2007 Work RVU: 1.96 **2016 Work RVU:** 1.96
2007 NF PE RVU: 2.98 **2016 NF PE RVU:** 2.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Article published Feb 2012

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2012

Status Report: CMS Requests and Relativity Assessment Issues

88104 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation** **Global:** XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** October 2009 **2014 Medicare Utilization:** 88,836

2007 Work RVU: 0.56 **2016 Work RVU:** 0.56
2007 NF PE RVU: 0.93 **2016 NF PE RVU:** 1.56
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 0.56 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88106 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation** **Global:** XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2014 Medicare Utilization:** 6,966

2007 Work RVU: 0.56 **2016 Work RVU:** 0.37
2007 NF PE RVU: 1.39 **2016 NF PE RVU:** 1.72
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 0.56 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88107 **Deleted from CPT** **Global:** XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.76 **2016 Work RVU:**
2007 NF PE RVU: 1.66 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88108 **Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** ACR, CAP

First Identified: February 2010 **2014 Medicare Utilization:** 265,900

2007 Work RVU: 0.56 **2016 Work RVU:** 0.44
2007 NF PE RVU: 1.27 **2016 NF PE RVU:** 1.58
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 0.56

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88112 **Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** ACR, CAP

First Identified: September 2011 **2014 Medicare Utilization:** 984,246

2007 Work RVU: 1.18 **2016 Work RVU:** 0.56
2007 NF PE RVU: 1.85 **2016 NF PE RVU:** 1.44
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 0.56

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

88120 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2012 **2014 Medicare Utilization:** 70,588

2007 Work RVU: **2016 Work RVU:** 1.20
2007 NF PE RVU: **2016 NF PE RVU:** 16.61
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Review utilization to confirm appropriate shift from 88365, 88367 and 88368 are now in 88120 and 88121.

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

88121 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2012 **2014 Medicare Utilization:** 52,144

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 14.55
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Review utilization to confirm appropriate shift from 88365, 88367 and 88368 are now in 88120 and 88121.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

88160 **Cytopathology, smears, any other source; screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:**

First Identified: April 2015 **2014 Medicare Utilization:** 9,867

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 0.85 **2016 NF PE RVU:** 1.52
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88161 **Cytopathology, smears, any other source; preparation, screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:**

First Identified: April 2015 **2014 Medicare Utilization:** 6,359

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 0.99 **2016 NF PE RVU:** 1.31
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88162 **Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2014 Medicare Utilization: 3,083

2007 Work RVU: 0.76 **2016 Work RVU:** 0.76
2007 NF PE RVU: 1.05 **2016 NF PE RVU:** 2.15
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88184 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2014 Medicare Utilization: 90,096

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 1.6 **2016 NF PE RVU:** 2.12
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88185 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)**

Global: ZZZ **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2014 Medicare Utilization: 1,852,642

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.85 **2016 NF PE RVU:** 1.29
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88187 **Flow cytometry, interpretation; 2 to 8 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2014 Medicare Utilization:** 35,248

2007 Work RVU: 1.36 **2016 Work RVU:** 1.36
2007 NF PE RVU: 0.44 **2016 NF PE RVU:** 0.61
2007 Fac PE RVU: 0.44 **2016 Fac PE RVU:** 0.61

RUC Recommendation: 0.74 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88188 **Flow cytometry, interpretation; 9 to 15 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2014 Medicare Utilization:** 29,101

2007 Work RVU: 1.69 **2016 Work RVU:** 1.69
2007 NF PE RVU: 0.54 **2016 NF PE RVU:** 0.81
2007 Fac PE RVU: 0.54 **2016 Fac PE RVU:** 0.81

RUC Recommendation: 1.40 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88189 **Flow cytometry, interpretation; 16 or more markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2014 Medicare Utilization:** 185,108

2007 Work RVU: 2.23 **2016 Work RVU:** 2.23
2007 NF PE RVU: 0.68 **2016 NF PE RVU:** 0.86
2007 Fac PE RVU: 0.68 **2016 Fac PE RVU:** 0.86

RUC Recommendation: 1.70 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88300 **Level I - Surgical pathology, gross examination only**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2014 Medicare Utilization:** 217,984

2007 Work RVU: 0.08 **2016 Work RVU:** 0.08
2007 NF PE RVU: 0.49 **2016 NF PE RVU:** 0.33
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.08 and new PE inputs

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88302 **Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2014 Medicare Utilization:** 93,261

2007 Work RVU: 0.13 **2016 Work RVU:** 0.13
2007 NF PE RVU: 1.1 **2016 NF PE RVU:** 0.77
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.13 and new PE inputs

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88304 **Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2014 Medicare Utilization:** 1,027,270

2007 Work RVU: 0.22 **2016 Work RVU:** 0.22
2007 NF PE RVU: 1.37 **2016 NF PE RVU:** 1.05
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.22 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88305 **Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2014 Medicare Utilization:** 16,243,571

2007 Work RVU: 0.75 **2016 Work RVU:** 0.75
2007 NF PE RVU: 1.97 **2016 NF PE RVU:** 1.29
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.75 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88307 **Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2014 Medicare Utilization:** 915,995

2007 Work RVU: 1.59 **2016 Work RVU:** 1.59
2007 NF PE RVU: 3.48 **2016 NF PE RVU:** 7.06
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.59 and new PE inputs

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88309 **Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection**

Global: XXX **Issue:** Pathology Services **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2014 Medicare Utilization:** 152,218

2007 Work RVU: 2.80 **2016 Work RVU:** 2.80
2007 NF PE RVU: 4.86 **2016 NF PE RVU:** 10.31
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.80 and new PE inputs

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88312 **Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2014 Medicare Utilization:** 1,449,374

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 1.76 **2016 NF PE RVU:** 2.20
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.54 **CPT Action (if applicable):** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88313 **Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2014 Medicare Utilization:** 1,579,888

2007 Work RVU: 0.24 **2016 Work RVU:** 0.24
2007 NF PE RVU: 1.42 **2016 NF PE RVU:** 1.67
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.24 **CPT Action (if applicable):** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88314 **Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** February 2009 **2014 Medicare Utilization:** 19,511

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 2.04 **2016 NF PE RVU:** 1.71
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88318 **Deleted from CPT**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 22 **Specialty Developing Recommendation:** CAP, AAD **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 0.42 **2016 Work RVU:**
2007 NF PE RVU: 1.98 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88319 **Special stain including interpretation and report; Group III, for enzyme constituents**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** **2014 Medicare Utilization:** 15,793

2007 Work RVU: 0.53 **2016 Work RVU:** 0.53
2007 NF PE RVU: 3.36 **2016 NF PE RVU:** 1.94
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.53 **CPT Action (if applicable):** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88321 **Consultation and report on referred slides prepared elsewhere**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2014 Medicare Utilization:** 181,069

2007 Work RVU: 1.63 **2016 Work RVU:** 1.63
2007 NF PE RVU: 0.78 **2016 NF PE RVU:** 1.18
2007 Fac PE RVU: 0.54 **2016 Fac PE RVU:** 0.74

RUC Recommendation: 1.63 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88323 **Consultation and report on referred material requiring preparation of slides**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2014 Medicare Utilization:** 37,826

2007 Work RVU: 1.83 **2016 Work RVU:** 1.83
2007 NF PE RVU: 1.88 **2016 NF PE RVU:** 2.06
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.83 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88325 **Consultation, comprehensive, with review of records and specimens, with report on referred material**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2014 Medicare Utilization:** 7,394

2007 Work RVU: 2.50 **2016 Work RVU:** 2.50
2007 NF PE RVU: 2.76 **2016 NF PE RVU:** 2.26
2007 Fac PE RVU: 0.87 **2016 Fac PE RVU:** 1.24

RUC Recommendation: 2.85 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

88329 **Pathology consultation during surgery;**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** February 2010 **2014 Medicare Utilization:** 32,798

2007 Work RVU: 0.67 **2016 Work RVU:** 0.67
2007 NF PE RVU: 0.66 **2016 NF PE RVU:** 0.71
2007 Fac PE RVU: 0.27 **2016 Fac PE RVU:** 0.35

RUC Recommendation: 0.67 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88331 **Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2014 Medicare Utilization:** 526,449

2007 Work RVU: 1.19 **2016 Work RVU:** 1.19
2007 NF PE RVU: 1.14 **2016 NF PE RVU:** 1.48
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.19 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88332 **Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2014 Medicare Utilization:** 183,781

2007 Work RVU: 0.59 **2016 Work RVU:** 0.59
2007 NF PE RVU: 0.46 **2016 NF PE RVU:** 0.82
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.59 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88333 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2015

2014 Medicare Utilization: 59,382

2007 Work RVU: 1.20 **2016 Work RVU:** 1.20
2007 NF PE RVU: 1.15 **2016 NF PE RVU:** 1.60
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

88334 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: July 2015

2014 Medicare Utilization: 27,393

2007 Work RVU: 0.73 **2016 Work RVU:** 0.73
2007 NF PE RVU: 0.65 **2016 NF PE RVU:** 0.98
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

88341 **Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP

First Identified: November 2013

2014 Medicare Utilization:

2007 Work RVU: **2016 Work RVU:** 0.53
2007 NF PE RVU: **2016 NF PE RVU:** 1.99
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.65

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88342 **Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** April 2011 **2014 Medicare Utilization:** 4

2007 Work RVU: 0.85 **2016 Work RVU:** 0.70
2007 NF PE RVU: 1.6 **2016 NF PE RVU:** 2.27
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.70 **CPT Action (if applicable):** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88343 **Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88344 **Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.77
2007 NF PE RVU: **2016 NF PE RVU:** 4.05
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.77 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88346 **Immunofluorescence, per specimen; initial single antibody stain procedure** **Global:** XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** April 2013 **2014 Medicare Utilization:** 265,657

2007 Work RVU: 0.86 **2016 Work RVU:** 0.74
2007 NF PE RVU: 1.67 **2016 NF PE RVU:** 1.85
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.74 **CPT Action (if applicable):** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88347 **Immunofluorescent study, each antibody; indirect method** **Global:** XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2013 **2014 Medicare Utilization:** 19,134

2007 Work RVU: 0.86 **2016 Work RVU:**
2007 NF PE RVU: 1.28 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88348 **Electron microscopy, diagnostic** **Global:** XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2014 Medicare Utilization:** 14,866

2007 Work RVU: 1.51 **2016 Work RVU:** 1.51
2007 NF PE RVU: 11.48 **2016 NF PE RVU:** 8.13
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

88349 **Electron microscopy; scanning** **Global:** XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2014 Medicare Utilization:** 42

2007 Work RVU: 0.76 **2016 Work RVU:**
2007 NF PE RVU: 4.88 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** Oct 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88350 **Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.70 **CPT Action (if applicable):** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88356 **Morphometric analysis; nerve**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 37 **Specialty Developing Recommendation:** ASCP, CAP **First Identified:** April 2013 **2014 Medicare Utilization:** 16,828

2007 Work RVU: 3.02 **2016 Work RVU:** 2.80
2007 NF PE RVU: 4.79 **2016 NF PE RVU:** 2.92
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.80 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88360 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2014 Medicare Utilization:** 330,626

2007 Work RVU: 1.10 **2016 Work RVU:** 1.10
2007 NF PE RVU: 1.87 **2016 NF PE RVU:** 2.27
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

88361 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2014 Medicare Utilization:** 141,227

2007 Work RVU: 1.18 **2016 Work RVU:** 1.18
2007 NF PE RVU: 2.94 **2016 NF PE RVU:** 2.95
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88364 **In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.67
2007 NF PE RVU: **2016 NF PE RVU:** 3.07
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.88 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88365 **In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2014 Medicare Utilization:** 51,759

2007 Work RVU: 1.20 **2016 Work RVU:** 0.88
2007 NF PE RVU: 2.32 **2016 NF PE RVU:** 4.07
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.88 **CPT Action (if applicable):** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 20

88366 **In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.24
2007 NF PE RVU: **2016 NF PE RVU:** 6.05
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.24 **CPT Action (if applicable):** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88367 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2014 Medicare Utilization:** 191,950

2007 Work RVU: 1.30 **2016 Work RVU:** 0.73
2007 NF PE RVU: 4.31 **2016 NF PE RVU:** 2.25
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.86 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 20

88368 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2014 Medicare Utilization:** 277,132

2007 Work RVU: 1.40 **2016 Work RVU:** 0.88
2007 NF PE RVU: 2.96 **2016 NF PE RVU:** 2.31
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.88 **CPT Action (if applicable):** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 20

88369 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.67
2007 NF PE RVU: **2016 NF PE RVU:** 2.34
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.88 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88373 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.43
2007 NF PE RVU: **2016 NF PE RVU:** 1.66
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.86 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88374 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.93
2007 NF PE RVU: **2016 NF PE RVU:** 8.70
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.04 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88377 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.40
2007 NF PE RVU: **2016 NF PE RVU:** 10.06
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.40 **CPT Action (if applicable):** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90465 **Deleted from CPT**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2014 Medicare Utilization:**

2007 Work RVU: 0.17 **2016 Work RVU:**
2007 NF PE RVU: 0.35 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90467 **Deleted from CPT**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2014 Medicare Utilization:**

2007 Work RVU: 0.17 **2016 Work RVU:**
2007 NF PE RVU: 0.17 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.09 **2016 Fac PE RVU:**

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90471 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2014 Medicare Utilization:** 335,301

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.35 **2016 NF PE RVU:** 0.53
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90472 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2014 Medicare Utilization:** 23,706

2007 Work RVU: 0.15 **2016 Work RVU:** 0.15
2007 NF PE RVU: 0.13 **2016 NF PE RVU:** 0.19
2007 Fac PE RVU: 0.11 **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90473 **Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2014 Medicare Utilization:** 33

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.18 **2016 NF PE RVU:** 0.53
2007 Fac PE RVU: 0.06 **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90474 **Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2014 Medicare Utilization:**

2007 Work RVU: 0.15 **2016 Work RVU:** 0.15
2007 NF PE RVU: 0.09 **2016 NF PE RVU:** 0.19
2007 Fac PE RVU: 0.05 **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90785 **Interactive complexity (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2014 Medicare Utilization:** 252,235

2007 Work RVU: **2016 Work RVU:** 0.33
2007 NF PE RVU: **2016 NF PE RVU:** 0.05
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.05

RUC Recommendation: 0.33 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90791 **Psychiatric diagnostic evaluation**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2014 Medicare Utilization:** 899,931

2007 Work RVU: **2016 Work RVU:** 3.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.58
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.47

RUC Recommendation: 3.00 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90792 **Psychiatric diagnostic evaluation with medical services**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2014 Medicare Utilization:** 542,639

2007 Work RVU: **2016 Work RVU:** 3.25
2007 NF PE RVU: **2016 NF PE RVU:** 0.70
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.58

RUC Recommendation: 3.25 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90801 **Psychiatric diagnostic interview examination**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 2.80 **2016 Work RVU:**
2007 NF PE RVU: 1.25 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.85 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90805 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 1.37 **2016 Work RVU:**
2007 NF PE RVU: 0.53 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90806 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 1.86 **2016 Work RVU:**
2007 NF PE RVU: 0.66 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.53 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90808 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 2.79 **2016 Work RVU:**
2007 NF PE RVU: 0.94 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.8 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90818 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 1.89 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0.63 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90832 **Psychotherapy, 30 minutes with patient and/or family member**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: April 2013 **2014 Medicare Utilization:** 2,302,067

2007 Work RVU: **2016 Work RVU:** 1.50
2007 NF PE RVU: **2016 NF PE RVU:** 0.24
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.22

RUC Recommendation: 1.50

CPT Action (if applicable): February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90833 **Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: April 2013 **2014 Medicare Utilization:** 1,282,965

2007 Work RVU: **2016 Work RVU:** 1.50
2007 NF PE RVU: **2016 NF PE RVU:** 0.29
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.27

RUC Recommendation: 1.50

CPT Action (if applicable): February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90834 **Psychotherapy, 45 minutes with patient and/or family member**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2014 Medicare Utilization:** 5,757,063

2007 Work RVU: **2016 Work RVU:** 2.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.31
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.29

RUC Recommendation: 2.00 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90836 **Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2014 Medicare Utilization:** 576,074

2007 Work RVU: **2016 Work RVU:** 1.90
2007 NF PE RVU: **2016 NF PE RVU:** 0.37
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.35

RUC Recommendation: 1.90 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90837 **Psychotherapy, 60 minutes with patient and/or family member**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2014 Medicare Utilization:** 3,952,770

2007 Work RVU: **2016 Work RVU:** 3.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.46
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.44

RUC Recommendation: 3.00 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90838 **Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2014 Medicare Utilization:** 95,208

2007 Work RVU: **2016 Work RVU:** 2.50
2007 NF PE RVU: **2016 NF PE RVU:** 0.49
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.47

RUC Recommendation: 2.50 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90839 **Psychotherapy for crisis; first 60 minutes**

Global: XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2014 Medicare Utilization:** 13,741

2007 Work RVU: **2016 Work RVU:** 3.13
2007 NF PE RVU: **2016 NF PE RVU:** 0.49
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.46

RUC Recommendation: 3.13 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90840 **Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2014 Medicare Utilization:** 3,008

2007 Work RVU: **2016 Work RVU:** 1.50
2007 NF PE RVU: **2016 NF PE RVU:** 0.23
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.22

RUC Recommendation: 1.50 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90845 **Psychoanalysis** **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2011 **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2013 **2014 Medicare Utilization:** 5,589

2007 Work RVU: 1.79 **2016 Work RVU:** 2.10
2007 NF PE RVU: 0.53 **2016 NF PE RVU:** 0.39
2007 Fac PE RVU: 0.49 **2016 Fac PE RVU:** 0.38

RUC Recommendation: 2.10 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90846 **Family psychotherapy (without the patient present)** **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2014 Medicare Utilization:** 23,105

2007 Work RVU: 1.83 **2016 Work RVU:** 2.40
2007 NF PE RVU: 0.62 **2016 NF PE RVU:** 0.40
2007 Fac PE RVU: 0.6 **2016 Fac PE RVU:** 0.38

RUC Recommendation: 2.40 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90847 **Family psychotherapy (conjoint psychotherapy) (with patient present)** **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2014 Medicare Utilization:** 205,648

2007 Work RVU: 2.21 **2016 Work RVU:** 2.50
2007 NF PE RVU: 0.8 **2016 NF PE RVU:** 0.40
2007 Fac PE RVU: 0.69 **2016 Fac PE RVU:** 0.38

RUC Recommendation: 2.50 **CPT Action (if applicable):** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90853 **Group psychotherapy (other than of a multiple-family group)** **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2014 Medicare Utilization:** 1,108,947

2007 Work RVU: 0.59 **2016 Work RVU:** 0.59
2007 NF PE RVU: 0.26 **2016 NF PE RVU:** 0.11
2007 Fac PE RVU: 0.22 **2016 Fac PE RVU:** 0.10

RUC Recommendation: 0.59 **CPT Action (if applicable):** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90862 **Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 0.95 **2016 Work RVU:**
2007 NF PE RVU: 0.46 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.31 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90863 **Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)**

Global: XXX **Issue:** Pharmacologic Management with Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 40 **Specialty Developing Recommendation:** APA (HCPAC) **First Identified:** April 2013 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 0.48 **CPT Action (if applicable):** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90870 **Electroconvulsive therapy (includes necessary monitoring)**

Global: 000 **Issue:** Electroconvulsive Therapy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 41 **Specialty Developing Recommendation:** APA **First Identified:** October 2009 **2014 Medicare Utilization:** 139,889

2007 Work RVU: 1.88 **2016 Work RVU:** 2.50
2007 NF PE RVU: 1.93 **2016 NF PE RVU:** 2.39
2007 Fac PE RVU: 0.54 **2016 Fac PE RVU:** 0.52

RUC Recommendation: 2.50 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90935 **Hemodialysis procedure with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA

First Identified: October 2008

2014 Medicare Utilization: 1,205,554

2007 Work RVU: 1.22 **2016 Work RVU:** 1.48

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 0.64 **2016 Fac PE RVU:** 0.48

RUC Recommendation: 1.48

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90937 **Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2014 Medicare Utilization: 66,247

2007 Work RVU: 2.11 **2016 Work RVU:** 2.11

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 0.93 **2016 Fac PE RVU:** 0.70

RUC Recommendation: 2.11

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90945 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2014 Medicare Utilization: 149,137

2007 Work RVU: 1.28 **2016 Work RVU:** 1.56

2007 NF PE RVU: NA **2016 NF PE RVU:** NA

2007 Fac PE RVU: 0.66 **2016 Fac PE RVU:** 0.77

RUC Recommendation: 1.56

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90947 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2014 Medicare Utilization:** 13,945

2007 Work RVU: 2.16 **2016 Work RVU:** 2.52
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0.94 **2016 Fac PE RVU:** 0.83

RUC Recommendation: 2.52 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90951 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2014 Medicare Utilization:** 36

2007 Work RVU: **2016 Work RVU:** 18.46
2007 NF PE RVU: **2016 NF PE RVU:** 6.82
2007 Fac PE RVU: **2016 Fac PE RVU:** 6.82

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90952 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2014 Medicare Utilization:** 8

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90953 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2014 Medicare Utilization:** 28

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90954 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2014 Medicare Utilization:** 679

2007 Work RVU: **2016 Work RVU:** 15.98
2007 NF PE RVU: **2016 NF PE RVU:** 6.01
2007 Fac PE RVU: **2016 Fac PE RVU:** 6.01

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90955 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2014 Medicare Utilization:** 179

2007 Work RVU: **2016 Work RVU:** 8.79
2007 NF PE RVU: **2016 NF PE RVU:** 3.57
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.57

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90956 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2014 Medicare Utilization:** 208

2007 Work RVU: **2016 Work RVU:** 5.95
2007 NF PE RVU: **2016 NF PE RVU:** 2.68
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.68

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90957 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2014 Medicare Utilization:** 2,489

2007 Work RVU: **2016 Work RVU:** 12.52
2007 NF PE RVU: **2016 NF PE RVU:** 4.90
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.90

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90958 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2014 Medicare Utilization:** 809

2007 Work RVU: **2016 Work RVU:** 8.34
2007 NF PE RVU: **2016 NF PE RVU:** 3.45
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.45

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90959 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2014 Medicare Utilization:** 646

2007 Work RVU: **2016 Work RVU:** 5.50
2007 NF PE RVU: **2016 NF PE RVU:** 2.52
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.52

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90960 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2014 Medicare Utilization:** 2,232,703

2007 Work RVU: **2016 Work RVU:** 5.18
2007 NF PE RVU: **2016 NF PE RVU:** 2.51
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.51

RUC Recommendation: RUC Recommended revised physician and clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90961 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2014 Medicare Utilization:** 700,263

2007 Work RVU: **2016 Work RVU:** 4.26
2007 NF PE RVU: **2016 NF PE RVU:** 2.21
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.21

RUC Recommendation: RUC Recommended revised physician and clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90962 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2014 Medicare Utilization:** 199,631

2007 Work RVU: **2016 Work RVU:** 3.15
2007 NF PE RVU: **2016 NF PE RVU:** 1.85
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.85

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90963 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2014 Medicare Utilization:** 287

2007 Work RVU: **2016 Work RVU:** 10.56
2007 NF PE RVU: **2016 NF PE RVU:** 4.15
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.15

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90964 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2014 Medicare Utilization:** 945

2007 Work RVU: **2016 Work RVU:** 9.14
2007 NF PE RVU: **2016 NF PE RVU:** 3.71
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.71

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90965 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2014 Medicare Utilization:** 1,798

2007 Work RVU: **2016 Work RVU:** 8.69
2007 NF PE RVU: **2016 NF PE RVU:** 3.55
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.55

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90966 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2014 Medicare Utilization:** 309,439

2007 Work RVU: **2016 Work RVU:** 4.26
2007 NF PE RVU: **2016 NF PE RVU:** 2.20
2007 Fac PE RVU: **2016 Fac PE RVU:** 2.20

RUC Recommendation: RUC Recommended revised clinical staff time **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

91038 **Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)**

Global: 000 **Issue:** Gastroenterological Tests **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 23 **Specialty Developing Recommendation:** AGA, ASGE **First Identified:** February 2010 **2014 Medicare Utilization:** 3,427

2007 Work RVU: 1.10 **2016 Work RVU:** 1.10
2007 NF PE RVU: 2.36 **2016 NF PE RVU:** 11.53
2007 Fac PE RVU: 2.36 **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91110 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2014 Medicare Utilization:** 51,728

2007 Work RVU: 3.64 **2016 Work RVU:** 3.64
2007 NF PE RVU: 21.77 **2016 NF PE RVU:** 21.11
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.49 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

91111 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2014 Medicare Utilization:** 200

2007 Work RVU: 1.00 **2016 Work RVU:** 1.00
2007 NF PE RVU: 18.65 **2016 NF PE RVU:** 19.39
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

91132 **Electrogastrography, diagnostic, transcutaneous;**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2014 Medicare Utilization:** 31

2007 Work RVU: 0.00 **2016 Work RVU:** 0.52
2007 NF PE RVU: 0 **2016 NF PE RVU:** 3.76
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

91133 **Electrogastrography, diagnostic, transcutaneous; with provocative testing**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2014 Medicare Utilization:** 92

2007 Work RVU: 0.00 **2016 Work RVU:** 0.66
2007 NF PE RVU: 0 **2016 NF PE RVU:** 4.15
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92081 **Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2014 Medicare Utilization:** 103,328

2007 Work RVU: 0.36 **2016 Work RVU:** 0.30
2007 NF PE RVU: 0.95 **2016 NF PE RVU:** 0.63
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.30 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92082 **Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2014 Medicare Utilization:** 154,388

2007 Work RVU: 0.44 **2016 Work RVU:** 0.40
2007 NF PE RVU: 1.26 **2016 NF PE RVU:** 0.92
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.40 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92083 **Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg;, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)**

Global: XXX **Issue:** Visual Field Examination **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 46 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2010 **2014 Medicare Utilization:** 2,784,332

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 1.46 **2016 NF PE RVU:** 1.29
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92100 **Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)**

Global: XXX **Issue:** Serial Tonometry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2014 Medicare Utilization:** 39,904

2007 Work RVU: 0.92 **2016 Work RVU:** 0.61
2007 NF PE RVU: 1.33 **2016 NF PE RVU:** 1.62
2007 Fac PE RVU: 0.35 **2016 Fac PE RVU:** 0.33

RUC Recommendation: 0.61 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92133 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** **2014 Medicare Utilization:** 2,320,020

2007 Work RVU: **2016 Work RVU:** 0.50
2007 NF PE RVU: **2016 NF PE RVU:** 0.72
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92134 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2008 **2014 Medicare Utilization:** 5,350,481

2007 Work RVU: **2016 Work RVU:** 0.50
2007 NF PE RVU: **2016 NF PE RVU:** 0.75
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92135 **Deleted from CPT**

Global: XXX **Issue:** Ophthalmic Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 31 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.35 **2016 Work RVU:**
2007 NF PE RVU: 0.79 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92136 **Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation**

Global: XXX **Issue:** Ophthalmic Biometry **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** AAO **First Identified:** October 2008 **2014 Medicare Utilization:** 1,455,708

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 1.6 **2016 NF PE RVU:** 1.99
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

92140 **Provocative tests for glaucoma, with interpretation and report, without tonography**

Global: XXX **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 34,762

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 0.97 **2016 NF PE RVU:** 1.25
2007 Fac PE RVU: 0.2 **2016 Fac PE RVU:** 0.23

RUC Recommendation: **CPT Action (if applicable):** May 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92235 **Fluorescein angiography (includes multiframe imaging) with interpretation and report**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2011 **2014 Medicare Utilization:** 1,285,851

2007 Work RVU: 0.81 **2016 Work RVU:** 0.81
2007 NF PE RVU: 2.54 **2016 NF PE RVU:** 2.27
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.75 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92240 **Indocyanine-green angiography (includes multiframe imaging) with interpretation and report**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: **Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** January 2015 **2014 Medicare Utilization:** 100,514

2007 Work RVU: 1.10 **2016 Work RVU:** 1.10
2007 NF PE RVU: 5.7 **2016 NF PE RVU:** 6.08
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92250 **Fundus photography with interpretation and report**

Global: XXX **Issue:** Fundus Photography **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 45 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** October 2010 **2014 Medicare Utilization:** 2,863,724

2007 Work RVU: 0.44 **2016 Work RVU:** 0.44
2007 NF PE RVU: 1.48 **2016 NF PE RVU:** 1.74
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.40 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92270 **Electro-oculography with interpretation and report**

Global: XXX **Issue:** Electro-oculography **Screen:** High Volume Growth1 / High Volume Growth 3 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** February 2008 **2014 Medicare Utilization:** 20,388

2007 Work RVU: 0.81 **2016 Work RVU:** 0.81
2007 NF PE RVU: 1.5 **2016 NF PE RVU:** 1.73
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Review utilization (September 2017). Refer to CPT. CPT Assistant article published.

CPT Action (if applicable): February 2014 **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2008 and Q&A

92275 **Electroretinography with interpretation and report**

Global: XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 46 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2014 Medicare Utilization:** 68,582

2007 Work RVU: 1.01 **2016 Work RVU:** 1.01
2007 NF PE RVU: 2.08 **2016 NF PE RVU:** 3.10
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable): October 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

92285 **External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)**

Global: XXX **Issue:** Ocular Photography **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 32 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2014 Medicare Utilization:** 332,550

2007 Work RVU: 0.20 **2016 Work RVU:** 0.05
2007 NF PE RVU: 0.95 **2016 NF PE RVU:** 0.51
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.05 and new PE inputs

CPT Action (if applicable): February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92286 **Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: April 2011 **2014 Medicare Utilization:** 136,636

2007 Work RVU: 0.66 **2016 Work RVU:** 0.40
2007 NF PE RVU: 2.83 **2016 NF PE RVU:** 0.65
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.40 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92287 **Anterior segment imaging with interpretation and report; with fluorescein angiography**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: **2014 Medicare Utilization:** 3,318

2007 Work RVU: 0.81 **2016 Work RVU:** 0.81
2007 NF PE RVU: 2.28 **2016 NF PE RVU:** 3.06
2007 Fac PE RVU: 0.31 **2016 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **CPT Action (if applicable):** October 2011 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2013

922X4

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: October 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.95 **CPT Action (if applicable):** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92504 **Binocular microscopy (separate diagnostic procedure)**

Global: XXX **Issue:** Binocular Microscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 43 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2009 **2014 Medicare Utilization:** 210,382

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.51 **2016 NF PE RVU:** 0.66
2007 Fac PE RVU: 0.08 **2016 Fac PE RVU:** 0.08

RUC Recommendation: 0.18

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92506 **Evaluation of speech, language, voice, communication, and/or auditory processing**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA

First Identified: **2014 Medicare Utilization:**

2007 Work RVU: 0.86 **2016 Work RVU:**
2007 NF PE RVU: 2.76 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.36 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT.

CPT Action (if applicable): October 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92507 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth 3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASHA

First Identified: October 2015 **2014 Medicare Utilization:** 146,101

2007 Work RVU: 0.52 **2016 Work RVU:** 1.30
2007 NF PE RVU: 1.13 **2016 NF PE RVU:** 0.88
2007 Fac PE RVU: 0.21 **2016 Fac PE RVU:** NA

RUC Recommendation: 1.30 work RVU and clinical staff time removed. Remove from High Volume screen.

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92508 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA

First Identified: **2014 Medicare Utilization:** 2,766

2007 Work RVU: 0.26 **2016 Work RVU:** 0.33
2007 NF PE RVU: 0.51 **2016 NF PE RVU:** 0.31
2007 Fac PE RVU: 0.11 **2016 Fac PE RVU:** NA

RUC Recommendation: 0.43 work RVU and clinical staff time removed

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92521 **Evaluation of speech fluency (eg, stuttering, cluttering)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified: **2014 Medicare Utilization:** 146

2007 Work RVU: **2016 Work RVU:** 1.75
2007 NF PE RVU: **2016 NF PE RVU:** 1.30
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.75

CPT Action (if applicable): October 2012

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92522 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified: **2014 Medicare Utilization:** 2,358

2007 Work RVU: **2016 Work RVU:** 1.50
2007 NF PE RVU: **2016 NF PE RVU:** 1.04
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.50

CPT Action (if applicable): October 2012

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92523 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified:

2014 Medicare Utilization: 6,778

2007 Work RVU: **2016 Work RVU:** 3.00

2007 NF PE RVU: **2016 NF PE RVU:** 2.34

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 3.36

CPT Action (if applicable): October 2012

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92524 **Behavioral and qualitative analysis of voice and resonance**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified:

2014 Medicare Utilization: 10,020

2007 Work RVU: **2016 Work RVU:** 1.50

2007 NF PE RVU: **2016 NF PE RVU:** 0.95

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.75

CPT Action (if applicable): October 2012

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92526 **Treatment of swallowing dysfunction and/or oral function for feeding**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASHA, AAO-HNS

First Identified: NA

2014 Medicare Utilization: 36,957

2007 Work RVU: 0.55 **2016 Work RVU:** 1.34

2007 NF PE RVU: 1.65 **2016 NF PE RVU:** 1.03

2007 Fac PE RVU: 0.19 **2016 Fac PE RVU:** NA

RUC Recommendation: Review utilization September 2016.

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92537 **Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)**

Global: **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.80 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92538 **Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)**

Global: **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.55 **CPT Action (if applicable):** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92540 **Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** **2014 Medicare Utilization:** 90,339

2007 Work RVU: **2016 Work RVU:** 1.50
2007 NF PE RVU: **2016 NF PE RVU:** 1.31
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92541 **Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2014 Medicare Utilization:** 22,525

2007 Work RVU: 0.40 **2016 Work RVU:** 0.40
2007 NF PE RVU: 1.05 **2016 NF PE RVU:** 0.26
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.40 **CPT Action (if applicable):** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92542 **Positional nystagmus test, minimum of 4 positions, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2014 Medicare Utilization:** 47,761

2007 Work RVU: 0.33 **2016 Work RVU:** 0.48
2007 NF PE RVU: 1.16 **2016 NF PE RVU:** 0.28
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.48 **CPT Action (if applicable):** February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92543 **Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** February 2008 **2014 Medicare Utilization:** 335,971

2007 Work RVU: 0.10 **2016 Work RVU:**
2007 NF PE RVU: 0.59 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92544 **Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA

First Identified: February 2008 **2014 Medicare Utilization:** 5,678

2007 Work RVU: 0.26 **2016 Work RVU:** 0.27
2007 NF PE RVU: 0.93 **2016 NF PE RVU:** 0.18
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.27

CPT Action (if applicable): February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92545 **Oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA

First Identified: February 2008 **2014 Medicare Utilization:** 13,028

2007 Work RVU: 0.23 **2016 Work RVU:** 0.25
2007 NF PE RVU: 0.85 **2016 NF PE RVU:** 0.16
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.25

CPT Action (if applicable): February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92546 **Sinusoidal vertical axis rotational testing**

Global: XXX **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2014 Medicare Utilization:** 88,572

2007 Work RVU: 0.29 **2016 Work RVU:** 0.29
2007 NF PE RVU: 1.94 **2016 NF PE RVU:** 2.58
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Editorial change only

CPT Action (if applicable): February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92547 **Use of vertical electrodes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2014 Medicare Utilization:** 166,333

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.09 **2016 NF PE RVU:** 0.17
2007 Fac PE RVU: 0.09 **2016 Fac PE RVU:** NA

RUC Recommendation: Editorial change only

CPT Action (if applicable): February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92548 **Computerized dynamic posturography**

Global: XXX **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2014 Medicare Utilization:** 31,934

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 2.1 **2016 NF PE RVU:** 2.35
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Editorial change only

CPT Action (if applicable): February 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92550 **Tympanometry and reflex threshold measurements**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA

First Identified: **2014 Medicare Utilization:** 271,215

2007 Work RVU: **2016 Work RVU:** 0.35
2007 NF PE RVU: **2016 NF PE RVU:** 0.23
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.35

CPT Action (if applicable): **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92557 **Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN

First Identified: February 2008 **2014 Medicare Utilization:** 1,126,201

2007 Work RVU: 0.00 **2016 Work RVU:** 0.60
2007 NF PE RVU: 1.21 **2016 NF PE RVU:** 0.43
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.29

RUC Recommendation: 0.60 work RVU and clinical staff time removed

CPT Action (if applicable): February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92558 **Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2014 Medicare Utilization:** 197

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 0.17 **CPT Action (if applicable):** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92567 **Tympanometry (impedance testing)**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2014 Medicare Utilization:** 740,842

2007 Work RVU: 0.00 **2016 Work RVU:** 0.20
2007 NF PE RVU: 0.51 **2016 NF PE RVU:** 0.20
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.10

RUC Recommendation: 0.20 work RVU and clinical staff time removed **CPT Action (if applicable):** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92568 **Acoustic reflex testing, threshold**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2014 Medicare Utilization:** 12,475

2007 Work RVU: 0.00 **2016 Work RVU:** 0.29
2007 NF PE RVU: 0.32 **2016 NF PE RVU:** 0.14
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.13

RUC Recommendation: 0.29 work RVU and clinical staff time removed **CPT Action (if applicable):** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92569 **Deleted from CPT**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0.35 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92570 **Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2014 Medicare Utilization:** 55,738

2007 Work RVU: **2016 Work RVU:** 0.55
2007 NF PE RVU: **2016 NF PE RVU:** 0.33
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.27

RUC Recommendation: 0.55 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92587 **Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** October 2008 **2014 Medicare Utilization:** 87,834

2007 Work RVU: 0.13 **2016 Work RVU:** 0.35
2007 NF PE RVU: 1.19 **2016 NF PE RVU:** 0.24
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** October 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92588 **Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2014 Medicare Utilization:** 103,946

2007 Work RVU: 0.36 **2016 Work RVU:** 0.55
2007 NF PE RVU: 1.48 **2016 NF PE RVU:** 0.36
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.60 **CPT Action (if applicable):** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92597 **Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 30 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2014 Medicare Utilization:** 2,473

2007 Work RVU: 0.86 **2016 Work RVU:** 1.26
2007 NF PE RVU: 1.69 **2016 NF PE RVU:** 0.71
2007 Fac PE RVU: 0.4 **2016 Fac PE RVU:** NA

RUC Recommendation: 1.48 work RVU and clinical staff time removed **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92605 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:** 1.75
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.79
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** 0.67

RUC Recommendation: 1.75 **CPT Action (if applicable):** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92606 **Therapeutic service(s) for the use of non-speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:** 1.40
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.87
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** 0.54

RUC Recommendation: 1.40 work RVU and clinical staff time removed **CPT Action (if applicable):**

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92607 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2014 Medicare Utilization:** 247

2007 Work RVU: 0.00 **2016 Work RVU:** 1.85
2007 NF PE RVU: 3.38 **2016 NF PE RVU:** 1.63
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.85 work RVU and clinical staff time removed **CPT Action (if applicable):**

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92608 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2014 Medicare Utilization:** 87

2007 Work RVU: 0.00 **2016 Work RVU:** 0.70
2007 NF PE RVU: 0.63 **2016 NF PE RVU:** 0.76
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.70 work RVU and clinical staff time removed **CPT Action (if applicable):**

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92609 **Therapeutic services for the use of speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2014 Medicare Utilization:** 8,628

2007 Work RVU: 0.00 **2016 Work RVU:** 1.50
2007 NF PE RVU: 1.77 **2016 NF PE RVU:** 1.57
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 1.50 work RVU and clinical staff time removed

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

92610 **Evaluation of oral and pharyngeal swallowing function**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2014 Medicare Utilization:** 9,909

2007 Work RVU: 0.00 **2016 Work RVU:** 1.30
2007 NF PE RVU: 2.98 **2016 NF PE RVU:** 1.05
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.70
Result: Decrease

RUC Recommendation: Review utilization September 2016.

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

92611 **Motion fluoroscopic evaluation of swallowing function by cine or video recording**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 39 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2014 Medicare Utilization:** 6,330

2007 Work RVU: 0.00 **2016 Work RVU:** 1.34
2007 NF PE RVU: 3.04 **2016 NF PE RVU:** 1.03
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 1.34 work RVU and clinical staff time removed

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92618 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.65
2007 NF PE RVU: **2016 NF PE RVU:** 0.27
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.25

RUC Recommendation: 0.65 **CPT Action (if applicable):** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92620 **Evaluation of central auditory function, with report; initial 60 minutes**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2014 Medicare Utilization:** 2,869

2007 Work RVU: 0.00 **2016 Work RVU:** 1.50
2007 NF PE RVU: 1.32 **2016 NF PE RVU:** 1.10
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.78

RUC Recommendation: 1.50 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92621 **Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2014 Medicare Utilization:** 55

2007 Work RVU: 0.00 **2016 Work RVU:** 0.35
2007 NF PE RVU: 0.29 **2016 NF PE RVU:** 0.27
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.18

RUC Recommendation: 0.35 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92625 **Assessment of tinnitus (includes pitch, loudness matching, and masking)** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2014 Medicare Utilization:** 7,306

2007 Work RVU: 0.00 **2016 Work RVU:** 1.15
2007 NF PE RVU: 1.3 **2016 NF PE RVU:** 0.78
2007 Fac PE RVU: 1.3 **2016 Fac PE RVU:** 0.57

RUC Recommendation: 1.15 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92626 **Evaluation of auditory rehabilitation status; first hour** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2014 Medicare Utilization:** 20,151

2007 Work RVU: 0.00 **2016 Work RVU:** 1.40
2007 NF PE RVU: 2.11 **2016 NF PE RVU:** 1.08
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.71

RUC Recommendation: Develop CPT Assistant article. Review September 2016. **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

92627 **Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2014 Medicare Utilization:** 5,785

2007 Work RVU: 0.00 **2016 Work RVU:** 0.33
2007 NF PE RVU: 0.52 **2016 NF PE RVU:** 0.28
2007 Fac PE RVU: 0.52 **2016 Fac PE RVU:** 0.17

RUC Recommendation: 0.33 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92640 **Diagnostic analysis with programming of auditory brainstem implant, per hour** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2014 Medicare Utilization:** 11

2007 Work RVU: 0.00 **2016 Work RVU:** 1.76
2007 NF PE RVU: 1.4 **2016 NF PE RVU:** 1.37
2007 Fac PE RVU: 1.4 **2016 Fac PE RVU:** 0.88

RUC Recommendation: 1.76 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92920 **Percutaneous transluminal coronary angioplasty; single major coronary artery or branch** **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2014 Medicare Utilization:** 25,395

2007 Work RVU: **2016 Work RVU:** 10.10
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.42

RUC Recommendation: 9.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92921 **Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 4.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92924 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch** **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2014 Medicare Utilization:** 1,329

2007 Work RVU: **2016 Work RVU:** 11.99
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.06

RUC Recommendation: 11.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92925 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 5.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92928 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2014 Medicare Utilization:** 232,933

2007 Work RVU: **2016 Work RVU:** 11.21
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.79

RUC Recommendation: 10.49 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92929 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2014 Medicare Utilization:** 2

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 4.44 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92933 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2014 Medicare Utilization:** 8,167

2007 Work RVU: **2016 Work RVU:** 12.54
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.23

RUC Recommendation: 12.32 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92934 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 5.50 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92937 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2014 Medicare Utilization:** 19,978

2007 Work RVU: **2016 Work RVU:** 11.20
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.78

RUC Recommendation: 10.49 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92938 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 6.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92941 **Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2014 Medicare Utilization:** 50,736

2007 Work RVU: **2016 Work RVU:** 12.56
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.24

RUC Recommendation: 12.32 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92943 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2014 Medicare Utilization:** 6,829

2007 Work RVU: **2016 Work RVU:** 12.56
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 4.24

RUC Recommendation: 12.32 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92944 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 6.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92960 **Cardioversion, elective, electrical conversion of arrhythmia; external**

Global: 000 **Issue:** Cardioversion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 19 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2014 Medicare Utilization:** 153,261

2007 Work RVU: 2.25 **2016 Work RVU:** 2.25
2007 NF PE RVU: 5.83 **2016 NF PE RVU:** 3.41
2007 Fac PE RVU: 1.25 **2016 Fac PE RVU:** 1.07

RUC Recommendation: 2.25 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

92973 **Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2014 Medicare Utilization:** 3,616

2007 Work RVU: 3.28 **2016 Work RVU:** 3.28
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 1.42 **2016 Fac PE RVU:** 1.11

RUC Recommendation: Review utilization September 2016. **CPT Action (if applicable):** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92980 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2014 Medicare Utilization:**

2007 Work RVU: 14.82 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 6.65 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92981 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2014 Medicare Utilization:**

2007 Work RVU: 4.16 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.8 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92982 **Percutaneous transluminal coronary balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2014 Medicare Utilization:**

2007 Work RVU: 10.96 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 4.97 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92984 **Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2014 Medicare Utilization:**

2007 Work RVU: 2.97 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.28 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92986 **Percutaneous balloon valvuloplasty; aortic valve**

Global: 090 **Issue:** Valvuloplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2014 Medicare Utilization:** 3,779

2007 Work RVU: 22.70 **2016 Work RVU:** 22.85
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 12.84 **2016 Fac PE RVU:** 10.54

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

92995 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2014 Medicare Utilization:**

2007 Work RVU: 12.07 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 5.45 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92996 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2014 Medicare Utilization:**

2007 Work RVU: 3.26 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 1.41 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93000 **Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report**

Global: XXX **Issue:** Electrocardiogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2011 **2014 Medicare Utilization:** 11,440,889

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.47 **2016 NF PE RVU:** 0.29
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93005 **Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report**

Global: XXX **Issue:** Electrocardiogram **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** February 2008 **2014 Medicare Utilization:** 463,786

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2016 NF PE RVU:** 0.23
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.00 **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93010 **Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only**

Global: XXX **Issue:** Electrocardiogram **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** October 2010 **2014 Medicare Utilization:** 18,820,776

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.06 **2016 NF PE RVU:** 0.06
2007 Fac PE RVU: 0.06 **2016 Fac PE RVU:** 0.06

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93012 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 5.55 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93014 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2014 Medicare Utilization:**

2007 Work RVU: 0.52 **2016 Work RVU:**
2007 NF PE RVU: 0.2 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.2 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93015 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2014 Medicare Utilization:** 1,133,681

2007 Work RVU: 0.75 **2016 Work RVU:** 0.75
2007 NF PE RVU: 1.95 **2016 NF PE RVU:** 1.34
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.75. CPT Assistant published.

CPT Action (if applicable): October 2010 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Status Report: CMS Requests and Relativity Assessment Issues

93016 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 1,146,267

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.19 **2016 NF PE RVU:** 0.15
2007 Fac PE RVU: 0.19 **2016 Fac PE RVU:** 0.15

RUC Recommendation: 0.45 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93017 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:** 103,875

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 1.64 **2016 NF PE RVU:** 1.09
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

93018 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only**

Global: XXX **Issue:** Cardiovascular Stress Tests and Echocardiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 1,325,204

2007 Work RVU: 0.30 **2016 Work RVU:** 0.30
2007 NF PE RVU: 0.12 **2016 NF PE RVU:** 0.10
2007 Fac PE RVU: 0.12 **2016 Fac PE RVU:** 0.10

RUC Recommendation: 0.30 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Status Report: CMS Requests and Relativity Assessment Issues

93025 **Microvolt T-wave alternans for assessment of ventricular arrhythmias**

Global: XXX **Issue:** Microvolt T-Wave Assessment **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 18 **Specialty Developing Recommendation:** ACC

First Identified: NA **2014 Medicare Utilization:** 1,265

2007 Work RVU: 0.75 **2016 Work RVU:** 0.75
2007 NF PE RVU: 6.67 **2016 NF PE RVU:** 3.70
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93040 **Rhythm ECG, 1-3 leads; with interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2014 Medicare Utilization:** 133,104

2007 Work RVU: 0.16 **2016 Work RVU:** 0.15
2007 NF PE RVU: 0.2 **2016 NF PE RVU:** 0.19
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.15

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93041 **Rhythm ECG, 1-3 leads; tracing only without interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2014 Medicare Utilization:** 13,749

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.15 **2016 NF PE RVU:** 0.15
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.00 (PE only)

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93042 **Rhythm ECG, 1-3 leads; interpretation and report only**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC, ACEP

First Identified: October 2008 **2014 Medicare Utilization:** 542,443

2007 Work RVU: 0.16 **2016 Work RVU:** 0.15
2007 NF PE RVU: 0.05 **2016 NF PE RVU:** 0.04
2007 Fac PE RVU: 0.05 **2016 Fac PE RVU:** 0.04

RUC Recommendation: 0.15

CPT Action (if applicable):

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93224 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2014 Medicare Utilization:** 407,469

2007 Work RVU: 0.52 **2016 Work RVU:** 0.52
2007 NF PE RVU: 3.29 **2016 NF PE RVU:** 2.01
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.52 **CPT Action (if applicable):** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93225 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2014 Medicare Utilization:** 129,142

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 1.2 **2016 NF PE RVU:** 0.74
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: N/A no physician work **CPT Action (if applicable):** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93226 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2014 Medicare Utilization:** 168,189

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 1.88 **2016 NF PE RVU:** 1.06
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: N/A no physician work **CPT Action (if applicable):** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93227 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2014 Medicare Utilization:** 397,321

2007 Work RVU: 0.52 **2016 Work RVU:** 0.52
2007 NF PE RVU: 0.21 **2016 NF PE RVU:** 0.21
2007 Fac PE RVU: 0.21 **2016 Fac PE RVU:** 0.21

RUC Recommendation: 0.52 **CPT Action (if applicable):** Feburary 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93228 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2014 Medicare Utilization:** 87,761

2007 Work RVU: **2016 Work RVU:** 0.52
2007 NF PE RVU: **2016 NF PE RVU:** 0.19
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.19

RUC Recommendation: 0.52 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93229 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2014 Medicare Utilization:** 146,536

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 20.39
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Contractor Priced **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93230 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: NA **2014 Medicare Utilization:**

2007 Work RVU: 0.52 **2016 Work RVU:**
2007 NF PE RVU: 3.49 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93231 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 1.37 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93232 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 1.92 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93233 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2014 Medicare Utilization:**

2007 Work RVU: 0.52 **2016 Work RVU:**
2007 NF PE RVU: 0.2 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.2 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93235 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** October 2009 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93236 **Deleted from CPT**

Global: XXX **Issue:** Cardiovascular Stress Test **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 38 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93237 **Deleted from CPT**

Global: XXX **Issue:** Wearable Cardiac Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2014 Medicare Utilization:**

2007 Work RVU: 0.45 **2016 Work RVU:**
2007 NF PE RVU: 0.18 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.18 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93268 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2014 Medicare Utilization:** 19,095

2007 Work RVU: 0.52 **2016 Work RVU:** 0.52
2007 NF PE RVU: 7.02 **2016 NF PE RVU:** 5.21
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.52

CPT Action (if applicable): February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93270 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2014 Medicare Utilization:** 56,725

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 1 **2016 NF PE RVU:** 0.25
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

CPT Action (if applicable): February 2010 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93271 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2014 Medicare Utilization:** 80,332

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 5.82 **2016 NF PE RVU:** 4.78
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** February 2010 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93272 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2014 Medicare Utilization:** 105,520

2007 Work RVU: 0.52 **2016 Work RVU:** 0.52
2007 NF PE RVU: 0.2 **2016 NF PE RVU:** 0.18
2007 Fac PE RVU: 0.2 **2016 Fac PE RVU:** 0.18

RUC Recommendation: 0.52 **CPT Action (if applicable):** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93279 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system**

Global: XXX **Issue:** Cardiac Device Programming and Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2014 Medicare Utilization:** 208,018

2007 Work RVU: **2016 Work RVU:** 0.65
2007 NF PE RVU: **2016 NF PE RVU:** 0.72
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93280 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system**

Global: XXX **Issue:** Cardiac Device Programming and Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2014 Medicare Utilization: 1,088,857

2007 Work RVU: **2016 Work RVU:** 0.77

2007 NF PE RVU: **2016 NF PE RVU:** 0.82

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

93281 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system**

Global: XXX **Issue:** Cardiac Device Programming and Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2014 Medicare Utilization: 50,891

2007 Work RVU: **2016 Work RVU:** 0.90

2007 NF PE RVU: **2016 NF PE RVU:** 0.98

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

93282 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system

Global: XXX **Issue:** Cardiac Device Programming and Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2014 Medicare Utilization: 147,125

2007 Work RVU: **2016 Work RVU:** 0.85

2007 NF PE RVU: **2016 NF PE RVU:** 0.88

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93283 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Device Programming and Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ACC, HRS
First Identified: July 2015
2014 Medicare Utilization: 295,357
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU:
2016 Work RVU: 1.15
2016 NF PE RVU: 1.10
2016 Fac PE RVU: NA
RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐
Published in CPT Asst:

93284 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Device Programming and Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ACC, HRS
First Identified: July 2015
2014 Medicare Utilization: 284,962
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU:
2016 Work RVU: 1.25
2016 NF PE RVU: 1.23
2016 Fac PE RVU: NA
RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐
Published in CPT Asst:

93285 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system**

Global: XXX **Issue:** Cardiac Device Programming and Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ACC, HRS
First Identified: July 2015
2014 Medicare Utilization: 16,676
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU:
2016 Work RVU: 0.52
2016 NF PE RVU: 0.64
2016 Fac PE RVU: NA
RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐
Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

93286 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system**

Global: XXX **Issue:** Cardiac Device Programming and Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ACC, HRS
First Identified: July 2015
2014 Medicare Utilization: 12,093
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU:
2016 Work RVU: 0.30
2016 NF PE RVU: 0.45
2016 Fac PE RVU: NA
RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐
Published in CPT Asst:

93287 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system**

Global: XXX **Issue:** Cardiac Device Programming and Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ACC, HRS
First Identified: July 2015
2014 Medicare Utilization: 10,470
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU:
2016 Work RVU: 0.45
2016 NF PE RVU: 0.54
2016 Fac PE RVU: NA
RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐
Published in CPT Asst:

93288 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system**

Global: XXX **Issue:** Cardiac Interrogation Device Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ACC, HRS
First Identified: July 2015
2014 Medicare Utilization: 349,209
2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU:
2016 Work RVU: 0.43
2016 NF PE RVU: 0.58
2016 Fac PE RVU: NA
RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐
Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

93289 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements**

Global: XXX **Issue:** Cardiac Interrogation Device Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2014 Medicare Utilization: 143,217

2007 Work RVU: **2016 Work RVU:** 0.92

2007 NF PE RVU: **2016 NF PE RVU:** 0.88

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

93290 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors**

Global: XXX **Issue:** Cardiac Interrogation Device Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2014 Medicare Utilization: 117,723

2007 Work RVU: **2016 Work RVU:** 0.43

2007 NF PE RVU: **2016 NF PE RVU:** 0.42

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

93291 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis**

Global: XXX **Issue:** Cardiac Interrogation Device Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2014 Medicare Utilization: 31,194

2007 Work RVU: **2016 Work RVU:** 0.43

2007 NF PE RVU: **2016 NF PE RVU:** 0.56

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93292 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system**

Global: XXX **Issue:** Cardiac Interrogation Device Evaluation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2014 Medicare Utilization:** 1,247

2007 Work RVU: **2016 Work RVU:** 0.43
2007 NF PE RVU: **2016 NF PE RVU:** 0.45
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

93293 **Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days**

Global: XXX **Issue:** Remote Interrogation Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2014 Medicare Utilization:** 384,383

2007 Work RVU: **2016 Work RVU:** 0.32
2007 NF PE RVU: **2016 NF PE RVU:** 1.16
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

93294 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Remote Interrogation Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2014 Medicare Utilization:** 563,842

2007 Work RVU: **2016 Work RVU:** 0.65
2007 NF PE RVU: **2016 NF PE RVU:** 0.27
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.27

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93295 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Remote Interrogation Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2014 Medicare Utilization:** 441,637

2007 Work RVU: **2016 Work RVU:** 1.29
2007 NF PE RVU: **2016 NF PE RVU:** 0.52
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.52

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

93296 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: XXX **Issue:** Remote Interrogation Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2014 Medicare Utilization:** 746,123

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.72
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

93297 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Remote Interrogation Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2014 Medicare Utilization:** 197,770

2007 Work RVU: **2016 Work RVU:** 0.52
2007 NF PE RVU: **2016 NF PE RVU:** 0.20
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.20

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93298 **Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Remote Interrogation Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2014 Medicare Utilization:** 45,465

2007 Work RVU: **2016 Work RVU:** 0.52
2007 NF PE RVU: **2016 NF PE RVU:** 0.20
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.20

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

93306 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACC **First Identified:** July 2015 **2014 Medicare Utilization:** 6,980,503

2007 Work RVU: **2016 Work RVU:** 1.30
2007 NF PE RVU: **2016 NF PE RVU:** 5.05
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

93307 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2014 Medicare Utilization:** 43,774

2007 Work RVU: 0.92 **2016 Work RVU:** 0.92
2007 NF PE RVU: 4.1 **2016 NF PE RVU:** 2.71
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93308 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 39 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2014 Medicare Utilization:** 220,177

2007 Work RVU: 0.53 **2016 Work RVU:** 0.53
2007 NF PE RVU: 2.26 **2016 NF PE RVU:** 2.95
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.53 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93320 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2014 Medicare Utilization:** 346,550

2007 Work RVU: 0.38 **2016 Work RVU:** 0.38
2007 NF PE RVU: 1.82 **2016 NF PE RVU:** 1.14
2007 Fac PE RVU: 1.82 **2016 Fac PE RVU:** NA

RUC Recommendation: 0.38 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93321 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC **First Identified:** October 2013 **2014 Medicare Utilization:** 137,106

2007 Work RVU: 0.15 **2016 Work RVU:** 0.15
2007 NF PE RVU: 1.04 **2016 NF PE RVU:** 0.61
2007 Fac PE RVU: 1.04 **2016 Fac PE RVU:** NA

RUC Recommendation: 0.15 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93325 **Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2014 Medicare Utilization:** 483,594

2007 Work RVU: 0.07 **2016 Work RVU:** 0.07
2007 NF PE RVU: 2.36 **2016 NF PE RVU:** 0.65
2007 Fac PE RVU: 2.36 **2016 Fac PE RVU:** NA

RUC Recommendation: 0.07

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93350 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;**

Global: XXX **Issue:** Stress Echo with ECG Monitoring **Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC

First Identified: April 2008 **2014 Medicare Utilization:** 120,700

2007 Work RVU: 1.48 **2016 Work RVU:** 1.46
2007 NF PE RVU: 3.03 **2016 NF PE RVU:** 5.25
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.46; CPT Assistant article published

CPT Action (if applicable): October 2010

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

93351 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACC

First Identified: July 2015 **2014 Medicare Utilization:** 263,078

2007 Work RVU: **2016 Work RVU:** 1.75
2007 NF PE RVU: **2016 NF PE RVU:** 5.79
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93451 **Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 34,170

2007 Work RVU: **2016 Work RVU:** 2.72
2007 NF PE RVU: **2016 NF PE RVU:** 18.88
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 3.02 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93452 **Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 5,954

2007 Work RVU: **2016 Work RVU:** 4.75
2007 NF PE RVU: **2016 NF PE RVU:** 19.32
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 4.32 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93453 **Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 3,917

2007 Work RVU: **2016 Work RVU:** 6.24
2007 NF PE RVU: **2016 NF PE RVU:** 24.66
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 5.98 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93454 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 90,939

2007 Work RVU: **2016 Work RVU:** 4.79
2007 NF PE RVU: **2016 NF PE RVU:** 19.55
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 4.95 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93455 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 24,533

2007 Work RVU: **2016 Work RVU:** 5.54
2007 NF PE RVU: **2016 NF PE RVU:** 22.82
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 6.15 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93456 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 13,229

2007 Work RVU: **2016 Work RVU:** 6.15
2007 NF PE RVU: **2016 NF PE RVU:** 24.33
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 6.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93457 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 2,903

2007 Work RVU: **2016 Work RVU:** 6.89
2007 NF PE RVU: **2016 NF PE RVU:** 27.59
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 7.66 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93458 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 523,913

2007 Work RVU: **2016 Work RVU:** 5.85
2007 NF PE RVU: **2016 NF PE RVU:** 23.34
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 6.51 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93459 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 114,981

2007 Work RVU: **2016 Work RVU:** 6.60
2007 NF PE RVU: **2016 NF PE RVU:** 25.63
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 7.34 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93460 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 92,117

2007 Work RVU: **2016 Work RVU:** 7.35
2007 NF PE RVU: **2016 NF PE RVU:** 27.17
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 7.88 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93461 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 17,572

2007 Work RVU: **2016 Work RVU:** 8.10
2007 NF PE RVU: **2016 NF PE RVU:** 31.43
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 9.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93462 **Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 3,943

2007 Work RVU: **2016 Work RVU:** 3.73
2007 NF PE RVU: **2016 NF PE RVU:** 1.47
2007 Fac PE RVU: **2016 Fac PE RVU:** 1.47

RUC Recommendation: 3.73 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93463 **Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 6,702

2007 Work RVU: **2016 Work RVU:** 2.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.68
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.68

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93464 **Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 756

2007 Work RVU: **2016 Work RVU:** 1.80
2007 NF PE RVU: **2016 NF PE RVU:** 5.85
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.80 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93501 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93503 **Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes**

Global: 000 **Issue:** Insertion of Catheter for Monitoring **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2014 Medicare Utilization:** 101,417

2007 Work RVU: 0.00 **2016 Work RVU:** 2.91
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** 0.60

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

93508 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93510 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More/ CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93511 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93514 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93524 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93526 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93527 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93528 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93529 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93539 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93540 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93541 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93542 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93543 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93544 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93545 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 0 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93555 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93556 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.00 **2016 Work RVU:**
2007 NF PE RVU: 0 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93563 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 168

2007 Work RVU: **2016 Work RVU:** 1.11
2007 NF PE RVU: **2016 NF PE RVU:** 0.37
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.37

RUC Recommendation: 2.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93564 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 15

2007 Work RVU: **2016 Work RVU:** 1.13
2007 NF PE RVU: **2016 NF PE RVU:** 0.39
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.39

RUC Recommendation: 2.10 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93565 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 131

2007 Work RVU: **2016 Work RVU:** 0.86
2007 NF PE RVU: **2016 NF PE RVU:** 0.30
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.30

RUC Recommendation: 1.90 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93566 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 717

2007 Work RVU: **2016 Work RVU:** 0.86
2007 NF PE RVU: **2016 NF PE RVU:** 3.79
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.29

RUC Recommendation: 0.96 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93567 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 43,633

2007 Work RVU: **2016 Work RVU:** 0.97
2007 NF PE RVU: **2016 NF PE RVU:** 2.81
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.33

RUC Recommendation: 0.97 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93568 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2014 Medicare Utilization:** 934

2007 Work RVU: **2016 Work RVU:** 0.88
2007 NF PE RVU: **2016 NF PE RVU:** 3.28
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.30

RUC Recommendation: 0.98 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93613 **Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** CMS Fastest Growing / High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2014 Medicare Utilization:** 44,041

2007 Work RVU: 6.99 **2016 Work RVU:** 6.99
2007 NF PE RVU: NA **2016 NF PE RVU:** NA
2007 Fac PE RVU: 3.03 **2016 Fac PE RVU:** 2.91

RUC Recommendation: Review utilization September 2016, collect data under new bundled codes.

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

93620 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording**

Global: 000 **Issue:** Intracardiac Catheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 13,331

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** NA

RUC Recommendation: 11.57

CPT Action (if applicable): October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93641 **Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator**

Global: 000 **Issue:** Insertion/Removal of Pacemaker or Pacing Carioverter-Defibillator **Screen:** Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2014 Medicare Utilization:** 43,706

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: NA **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 2B.

CPT Action (if applicable): February 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93651 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 16.23 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 6.96 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93652 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** CMS Fastest Growing/Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2014 Medicare Utilization:**

2007 Work RVU: 17.65 **2016 Work RVU:**
2007 NF PE RVU: NA **2016 NF PE RVU:**
2007 Fac PE RVU: 7.58 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93653 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2014 Medicare Utilization:** 28,552

2007 Work RVU: **2016 Work RVU:** 15.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 6.11

RUC Recommendation: 15.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93654 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2014 Medicare Utilization:** 5,336

2007 Work RVU: **2016 Work RVU:** 20.00
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 8.10

RUC Recommendation: 20.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93655 **Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2014 Medicare Utilization:** 12,451

2007 Work RVU: **2016 Work RVU:** 7.50
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.05

RUC Recommendation: 9.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93656 **Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2014 Medicare Utilization:** 24,734

2007 Work RVU: **2016 Work RVU:** 20.02
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 8.11

RUC Recommendation: 20.02 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93657 **Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2014 Medicare Utilization:** 13,471

2007 Work RVU: **2016 Work RVU:** 7.50
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 3.04

RUC Recommendation: 10.00 **CPT Action (if applicable):** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93662 **Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Electrocardiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:** 27,134

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93701 **Bioimpedance-derived physiologic cardiovascular analysis**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2014 Medicare Utilization:** 101,069

2007 Work RVU: 0.17 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.91 **2016 NF PE RVU:** 0.67
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

93731 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.45 **2016 Work RVU:**
2007 NF PE RVU: 0.7 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93732 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.92 **2016 Work RVU:**
2007 NF PE RVU: 0.94 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93733 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2014 Medicare Utilization:**

2007 Work RVU: 0.17 **2016 Work RVU:**
2007 NF PE RVU: 0.83 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93743 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2014 Medicare Utilization:**

2007 Work RVU: 1.03 **2016 Work RVU:**
2007 NF PE RVU: 1.15 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93744 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2014 Medicare Utilization:**

2007 Work RVU: 1.18 **2016 Work RVU:**
2007 NF PE RVU: 1.19 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93875 **Deleted from CPT**

Global: XXX **Issue:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.22 **2016 Work RVU:**
2007 NF PE RVU: 2.38 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** SS in process of de

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93880 **Duplex scan of extracranial arteries; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, ACC, SVS **First Identified:** February 2010 **2014 Medicare Utilization:** 2,586,739

2007 Work RVU: 0.60 **2016 Work RVU:** 0.80
2007 NF PE RVU: 5.67 **2016 NF PE RVU:** 4.85
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** October 2010 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Addressed in CPT

93882 **Duplex scan of extracranial arteries; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** January 2012 **2014 Medicare Utilization:** 42,648

2007 Work RVU: 0.40 **2016 Work RVU:** 0.50
2007 NF PE RVU: 3.63 **2016 NF PE RVU:** 3.09
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93886 **Transcranial Doppler study of the intracranial arteries; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:** 80,288

2007 Work RVU: 0.94 **2016 Work RVU:** 0.91
2007 NF PE RVU: 6.77 **2016 NF PE RVU:** 6.98
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93888 **Transcranial Doppler study of the intracranial arteries; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:** 16,711

2007 Work RVU: 0.62 **2016 Work RVU:** 0.50
2007 NF PE RVU: 4.36 **2016 NF PE RVU:** 3.62
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.70 **CPT Action (if applicable):** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93895 **Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral**

Global: XXX **Issue:** Carotid Intima-Media Thickness Ultrasound **Screen:** New Code in CPT 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 37 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Rescind April 2014 recommendation, contractor price. **CPT Action (if applicable):** **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93922 **Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** October 2008 **2014 Medicare Utilization:** 666,543

2007 Work RVU: 0.25 **2016 Work RVU:** 0.25
2007 NF PE RVU: 2.78 **2016 NF PE RVU:** 2.23
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.25 **CPT Action (if applicable):** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93923 **Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2014 Medicare Utilization:** 520,255

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 4.18 **2016 NF PE RVU:** 3.40
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93924 **Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2014 Medicare Utilization:** 94,889

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 5.05 **2016 NF PE RVU:** 4.35
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93925 **Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2014 Medicare Utilization:** 598,859

2007 Work RVU: 0.58 **2016 Work RVU:** 0.80
2007 NF PE RVU: 7.05 **2016 NF PE RVU:** 6.50
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93926 **Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2014 Medicare Utilization:** 232,011

2007 Work RVU: 0.39 **2016 Work RVU:** 0.50
2007 NF PE RVU: 4.31 **2016 NF PE RVU:** 3.77
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.60 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93930 **Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** November 2013 **2014 Medicare Utilization:** 22,078

2007 Work RVU: 0.46 **2016 Work RVU:** 0.80
2007 NF PE RVU: 5.54 **2016 NF PE RVU:** 5.04
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.80 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93931 **Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2014 Medicare Utilization:** 42,218

2007 Work RVU: 0.31 **2016 Work RVU:** 0.50
2007 NF PE RVU: 3.64 **2016 NF PE RVU:** 3.08
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.50 **CPT Action (if applicable):** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93965 **Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)**

Global: XXX **Issue:** Non-invasive Physiologic Studies of Extremity Veins **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 47 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SVS **First Identified:** July 2015 **2014 Medicare Utilization:** 127,325

2007 Work RVU: 0.35 **2016 Work RVU:** 0.35
2007 NF PE RVU: 2.83 **2016 NF PE RVU:** 2.99
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT for deletion **CPT Action (if applicable):** May 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93970 **Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2014 Medicare Utilization:** 1,658,812

2007 Work RVU: 0.68 **2016 Work RVU:** 0.70
2007 NF PE RVU: 5.44 **2016 NF PE RVU:** 4.81
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.70 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93971 **Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Low Value-High Volume / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** October 2010 **2014 Medicare Utilization:** 1,648,476

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 3.67 **2016 NF PE RVU:** 2.91
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.45 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93975 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** November 2013 **2014 Medicare Utilization:** 198,046

2007 Work RVU: 1.80 **2016 Work RVU:** 1.16
2007 NF PE RVU: 7.78 **2016 NF PE RVU:** 6.74
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.30 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93976 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2014 Medicare Utilization:** 130,885

2007 Work RVU: 1.21 **2016 Work RVU:** 0.80
2007 NF PE RVU: 4.33 **2016 NF PE RVU:** 3.76
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93978 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2014 Medicare Utilization:** 299,926

2007 Work RVU: 0.65 **2016 Work RVU:** 0.80
2007 NF PE RVU: 4.85 **2016 NF PE RVU:** 4.52
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.97 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93979 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** **First Identified:** October 2013 **2014 Medicare Utilization:** 62,130

2007 Work RVU: 0.44 **2016 Work RVU:** 0.50
2007 NF PE RVU: 3.46 **2016 NF PE RVU:** 2.83
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.70 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93990 **Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)** **Global:** XXX **Issue:** Doppler Flow Testing **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 40 **Specialty Developing Recommendation:** ACR, SVS **First Identified:** October 2008 **2014 Medicare Utilization:** 100,147

2007 Work RVU: 0.25 **2016 Work RVU:** 0.50
2007 NF PE RVU: 4.28 **2016 NF PE RVU:** 3.99
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.60 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

94010 **Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2014 Medicare Utilization:** 1,241,828

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.69 **2016 NF PE RVU:** 0.82
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

94014 **Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional** **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2014 Medicare Utilization:** 191

2007 Work RVU: 0.52 **2016 Work RVU:** 0.52
2007 NF PE RVU: 0.77 **2016 NF PE RVU:** 1.04
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94015 **Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008 **2014 Medicare Utilization:** 1,384

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.61 **2016 NF PE RVU:** 0.86
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94016 **Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: April 2008 **2014 Medicare Utilization:** 11,623

2007 Work RVU: 0.52 **2016 Work RVU:** 0.52
2007 NF PE RVU: 0.16 **2016 NF PE RVU:** 0.18
2007 Fac PE RVU: 0.16 **2016 Fac PE RVU:** 0.18

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94060 **Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 30 **Specialty Developing Recommendation:** ATS, ACCP

First Identified: October 2010 **2014 Medicare Utilization:** 1,199,437

2007 Work RVU: 0.31 **2016 Work RVU:** 0.27
2007 NF PE RVU: 1.13 **2016 NF PE RVU:** 1.43
2007 Fac PE RVU: 1.13 **2016 Fac PE RVU:** NA

RUC Recommendation: 0.31 and CPT Assistant article published

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Status Report: CMS Requests and Relativity Assessment Issues

94240 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.26 **2016 Work RVU:**
2007 NF PE RVU: 0.7 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94260 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 / **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.13 **2016 Work RVU:**
2007 NF PE RVU: 0.63 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94350 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.26 **2016 Work RVU:**
2007 NF PE RVU: 0.73 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94360 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.26 **2016 Work RVU:**
2007 NF PE RVU: 0.77 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94370 **Determination of airway closing volume, single breath tests**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.26 **2016 Work RVU:**
2007 NF PE RVU: 0.69 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94400 **Breathing response to CO2 (CO2 response curve)**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2014 Medicare Utilization:** 663

2007 Work RVU: 0.40 **2016 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2016 NF PE RVU:** 1.15
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Status Report: CMS Requests and Relativity Assessment Issues

94450 **Breathing response to hypoxia (hypoxia response curve)** **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2014 Medicare Utilization:** 584

2007 Work RVU: 0.40 **2016 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2016 NF PE RVU:** 1.50
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94620 **Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)** **Global:** XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 48 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** July 2015 **2014 Medicare Utilization:** 235,930

2007 Work RVU: 0.64 **2016 Work RVU:** 0.64
2007 NF PE RVU: 2.06 **2016 NF PE RVU:** 0.90
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable): February 2016

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

94621 **Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)** **Global:** XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 48 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** January 2016 **2014 Medicare Utilization:** 16,165

2007 Work RVU: 1.42 **2016 Work RVU:** 1.42
2007 NF PE RVU: **2016 NF PE RVU:** 3.10
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable): February 2016

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94640 **Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2014 Medicare Utilization:** 624,019

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.32 **2016 NF PE RVU:** 0.51
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94668 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2014 Medicare Utilization:** 18,515

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.46 **2016 NF PE RVU:** 0.79
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94681 **Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AACE, TES, ACCP/ATS **First Identified:** February 2008 **2014 Medicare Utilization:** 14,001

2007 Work RVU: 0.20 **2016 Work RVU:** 0.20
2007 NF PE RVU: 2.16 **2016 NF PE RVU:** 1.27
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

946X1

Global: **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** **Specialty Developing Recommendation:**

First Identified: February 2016 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation:

CPT Action (if applicable): February 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

94720 **Carbon monoxide diffusing capacity (eg, single breath, steady state)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.26 **2016 Work RVU:**
2007 NF PE RVU: 1.04 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94725 **Membrane diffusion capacity**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.26 **2016 Work RVU:**
2007 NF PE RVU: 2.43 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94726 **Plethysmography for determination of lung volumes and, when performed, airway resistance**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2014 Medicare Utilization:** 578,718

2007 Work RVU: **2016 Work RVU:** 0.26
2007 NF PE RVU: **2016 NF PE RVU:** 1.21
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94727 **Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2014 Medicare Utilization:** 347,709

2007 Work RVU: **2016 Work RVU:** 0.26
2007 NF PE RVU: **2016 NF PE RVU:** 0.91
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94728 **Airway resistance by impulse oscillometry**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2014 Medicare Utilization:** 12,900

2007 Work RVU: **2016 Work RVU:** 0.26
2007 NF PE RVU: **2016 NF PE RVU:** 0.86
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.31 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94729 **Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2014 Medicare Utilization:** 979,113

2007 Work RVU: **2016 Work RVU:** 0.19
2007 NF PE RVU: **2016 NF PE RVU:** 1.33
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.19 **CPT Action (if applicable):** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94760 **Noninvasive ear or pulse oximetry for oxygen saturation; single determination** **Global:** XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2014 Medicare Utilization:** 64,358

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.05 **2016 NF PE RVU:** 0.08
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

94761 **Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)** **Global:** XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2014 Medicare Utilization:** 11,650

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.08 **2016 NF PE RVU:** 0.13
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94762 **Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Fastest Growing, CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** October 2008 **2014 Medicare Utilization:** 317,161

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.56 **2016 NF PE RVU:** 0.68
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

94770 **Carbon dioxide, expired gas determination by infrared analyzer**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 57 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2014 Medicare Utilization:** 5,207

2007 Work RVU: 0.15 **2016 Work RVU:** 0.15
2007 NF PE RVU: 0.76 **2016 NF PE RVU:** NA
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.05

RUC Recommendation: Refer to CPT Assistant. Remove office-based PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

95004 **Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2014 Medicare Utilization:** 10,089,675

2007 Work RVU: 0.00 **2016 Work RVU:** 0.01
2007 NF PE RVU: 0.12 **2016 NF PE RVU:** 0.17
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.01 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95010 **Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.15 **2016 Work RVU:**
2007 NF PE RVU: 0.31 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.06 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95015 **Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.15 **2016 Work RVU:**
2007 NF PE RVU: 0.16 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.06 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95017 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2014 Medicare Utilization:** 25,150

2007 Work RVU: **2016 Work RVU:** 0.07
2007 NF PE RVU: **2016 NF PE RVU:** 0.14
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.02

RUC Recommendation: 0.07 **CPT Action (if applicable):** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95018 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2014 Medicare Utilization:** 67,811

2007 Work RVU: **2016 Work RVU:** 0.14
2007 NF PE RVU: **2016 NF PE RVU:** 0.43
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.05

RUC Recommendation: 0.14 **CPT Action (if applicable):** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95024 **Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI, AAOA **First Identified:** October 2010 **2014 Medicare Utilization:** 1,757,704

2007 Work RVU: 0.00 **2016 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2016 NF PE RVU:** 0.20
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.01

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95027 **Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2014 Medicare Utilization:** 228,339

2007 Work RVU: 0.00 **2016 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2016 NF PE RVU:** 0.11
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.01 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95115 **Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** January 2012 **2014 Medicare Utilization:** 1,126,959

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.35 **2016 NF PE RVU:** 0.24
2007 Fac PE RVU: 0.29 **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95117 **Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** September 2011 **2014 Medicare Utilization:** 2,386,244

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.44 **2016 NF PE RVU:** 0.28
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95144 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2014 Medicare Utilization:** 179,371

2007 Work RVU: 0.06 **2016 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2016 NF PE RVU:** 0.28
2007 Fac PE RVU: 0.02 **2016 Fac PE RVU:** 0.02

RUC Recommendation: 0.06 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95148 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms**

Global: XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2014 Medicare Utilization:** 15,746

2007 Work RVU: 0.06 **2016 Work RVU:** 0.06
2007 NF PE RVU: 0.67 **2016 NF PE RVU:** 1.40
2007 Fac PE RVU: 0.03 **2016 Fac PE RVU:** 0.02

RUC Recommendation: 0.06 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95165 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2014 Medicare Utilization:** 6,570,792

2007 Work RVU: 0.06 **2016 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2016 NF PE RVU:** 0.29
2007 Fac PE RVU: 0.02 **2016 Fac PE RVU:** 0.02

RUC Recommendation: 0.06 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95250 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 07 **Specialty Developing Recommendation:** AACE, TES **First Identified:** October 2013 **2014 Medicare Utilization:** 25,887

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 3.95 **2016 NF PE RVU:** 4.41
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Review action plan **CPT Action (if applicable):** October 2015 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95251 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: September 2014 **Tab** 07 **Specialty Developing Recommendation:** AACE, TES **First Identified:** April 2013 **2014 Medicare Utilization:** 31,626

2007 Work RVU: 0.85 **2016 Work RVU:** 0.85
2007 NF PE RVU: 0.21 **2016 NF PE RVU:** 0.33
2007 Fac PE RVU: 0.21 **2016 Fac PE RVU:** 0.33

RUC Recommendation: Review action plan **CPT Action (if applicable):** October 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

95800 **Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2014 Medicare Utilization:** 10,005

2007 Work RVU: **2016 Work RVU:** 1.05
2007 NF PE RVU: **2016 NF PE RVU:** 3.92
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.05 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95801 **Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2014 Medicare Utilization:** 455

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 1.50
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95803 **Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** NA **2014 Medicare Utilization:** 638

2007 Work RVU: **2016 Work RVU:** 0.90
2007 NF PE RVU: **2016 NF PE RVU:** 3.04
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.90 and New PE inputs **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95805 **Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2014 Medicare Utilization:** 4,788

2007 Work RVU: 1.88 **2016 Work RVU:** 1.20
2007 NF PE RVU: 14.7 **2016 NF PE RVU:** 10.74
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.20 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95806 **Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2014 Medicare Utilization:** 25,192

2007 Work RVU: 1.66 **2016 Work RVU:** 1.25
2007 NF PE RVU: 3.46 **2016 NF PE RVU:** 3.44
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.28 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95807 **Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2014 Medicare Utilization:** 5,629

2007 Work RVU: 1.66 **2016 Work RVU:** 1.28
2007 NF PE RVU: 11.82 **2016 NF PE RVU:** 12.10
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.25 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95808 **Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2014 Medicare Utilization:** 1,068

2007 Work RVU: 2.65 **2016 Work RVU:** 1.74
2007 NF PE RVU: 13.79 **2016 NF PE RVU:** 15.89
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.74 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95810 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2014 Medicare Utilization:** 295,206

2007 Work RVU: 3.52 **2016 Work RVU:** 2.50
2007 NF PE RVU: 17.54 **2016 NF PE RVU:** 14.90
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.50 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95811 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2014 Medicare Utilization:** 357,120

2007 Work RVU: 3.79 **2016 Work RVU:** 2.60
2007 NF PE RVU: 19.32 **2016 NF PE RVU:** 15.67
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 2.60 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95812 **Electroencephalogram (EEG) extended monitoring; 41-60 minutes**

Global: XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 50 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2014 Medicare Utilization:** 24,740

2007 Work RVU: 1.08 **2016 Work RVU:** 1.08
2007 NF PE RVU: 4.49 **2016 NF PE RVU:** 8.68
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.08 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95813 **Electroencephalogram (EEG) extended monitoring; greater than 1 hour**

Global: XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 50 **Specialty Developing Recommendation:** AAN

First Identified: July 2015

2014 Medicare Utilization: 23,039

2007 Work RVU: 1.73 **2016 Work RVU:** 1.73

2007 NF PE RVU: 5.4 **2016 NF PE RVU:** 10.05

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.63

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95816 **Electroencephalogram (EEG); including recording awake and drowsy**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:**

First Identified: January 2012

2014 Medicare Utilization: 286,092

2007 Work RVU: 1.08 **2016 Work RVU:** 1.08

2007 NF PE RVU: 4.1 **2016 NF PE RVU:** 9.03

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.08

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95819 **Electroencephalogram (EEG); including recording awake and asleep**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: September 2011

2014 Medicare Utilization: 255,217

2007 Work RVU: 1.08 **2016 Work RVU:** 1.08

2007 NF PE RVU: 3.76 **2016 NF PE RVU:** 10.49

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.08

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95822 **Electroencephalogram (EEG); recording in coma or sleep only**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: January 2012

2014 Medicare Utilization: 25,984

2007 Work RVU: 1.08 **2016 Work RVU:** 1.08

2007 NF PE RVU: 4.82 **2016 NF PE RVU:** 9.34

2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.08

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95831 **Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015 **2014 Medicare Utilization:** 116,500

2007 Work RVU: 0.28 **2016 Work RVU:** 0.28
2007 NF PE RVU: 0.44 **2016 NF PE RVU:** 0.55
2007 Fac PE RVU: 0.12 **2016 Fac PE RVU:** 0.12

RUC Recommendation: Review utilization October 2018

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

95860 **Needle electromyography; 1 extremity with or without related paraspinal areas**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

First Identified: October 2009 **2014 Medicare Utilization:** 5,687

2007 Work RVU: 0.96 **2016 Work RVU:** 0.96
2007 NF PE RVU: 1.36 **2016 NF PE RVU:** 2.44
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.96

CPT Action (if applicable): February 2011 & October 2011

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95861 **Needle electromyography; 2 extremities with or without related paraspinal areas**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

First Identified: February 2010 **2014 Medicare Utilization:** 37,604

2007 Work RVU: 1.54 **2016 Work RVU:** 1.54
2007 NF PE RVU: 1.48 **2016 NF PE RVU:** 3.20
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.54

CPT Action (if applicable): February 2011 & October 2011 & February 2012

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95863 **Needle electromyography; 3 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2014 Medicare Utilization:** 506

2007 Work RVU: 1.87 **2016 Work RVU:** 1.87
2007 NF PE RVU: 1.79 **2016 NF PE RVU:** 4.04
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.87 **CPT Action (if applicable):** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95864 **Needle electromyography; 4 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2014 Medicare Utilization:** 1,449

2007 Work RVU: 1.99 **2016 Work RVU:** 1.99
2007 NF PE RVU: 2.53 **2016 NF PE RVU:** 4.64
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.99 **CPT Action (if applicable):** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95867 **Needle electromyography; cranial nerve supplied muscle(s), unilateral** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2014 Medicare Utilization:** 1,542

2007 Work RVU: 0.79 **2016 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2016 NF PE RVU:** 1.83
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.79 **CPT Action (if applicable):** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95868 **Needle electromyography; cranial nerve supplied muscles, bilateral**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2014 Medicare Utilization:** 1,951

2007 Work RVU: 1.18 **2016 Work RVU:** 1.18
2007 NF PE RVU: 1.26 **2016 NF PE RVU:** 2.49
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.18 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95869 **Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2014 Medicare Utilization:** 926

2007 Work RVU: 0.37 **2016 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2016 NF PE RVU:** 2.23
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.37 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95870 **Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2014 Medicare Utilization:** 46,155

2007 Work RVU: 0.37 **2016 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2016 NF PE RVU:** 2.22
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.37 **CPT Action (if applicable):** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95885 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2014 Medicare Utilization:** 136,810

2007 Work RVU: **2016 Work RVU:** 0.35
2007 NF PE RVU: **2016 NF PE RVU:** 1.28
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.35 **CPT Action (if applicable):** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95886 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2014 Medicare Utilization:** 915,408

2007 Work RVU: **2016 Work RVU:** 0.86
2007 NF PE RVU: **2016 NF PE RVU:** 1.67
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.92 **CPT Action (if applicable):** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95887 **Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2014 Medicare Utilization:** 11,716

2007 Work RVU: **2016 Work RVU:** 0.71
2007 NF PE RVU: **2016 NF PE RVU:** 1.54
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.73 **CPT Action (if applicable):** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95900 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** MPC List / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.42 **2016 Work RVU:**
2007 NF PE RVU: 1.18 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011& February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95903 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** September 2011 **2014 Medicare Utilization:**

2007 Work RVU: 0.60 **2016 Work RVU:**
2007 NF PE RVU: 1.15 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 and February 2012 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95904 **Nerve conduction, amplitude and latency/velocity study, each nerve; sensory**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2014 Medicare Utilization:**

2007 Work RVU: 0.34 **2016 Work RVU:**
2007 NF PE RVU: 1.03 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 & October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95907 **Nerve conduction studies; 1-2 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2014 Medicare Utilization:** 12,282

2007 Work RVU: **2016 Work RVU:** 1.00
2007 NF PE RVU: **2016 NF PE RVU:** 1.64
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.00 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95908 **Nerve conduction studies; 3-4 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2014 Medicare Utilization:** 75,388

2007 Work RVU: **2016 Work RVU:** 1.25
2007 NF PE RVU: **2016 NF PE RVU:** 2.02
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.37 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95909 **Nerve conduction studies; 5-6 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2014 Medicare Utilization:** 147,468

2007 Work RVU: **2016 Work RVU:** 1.50
2007 NF PE RVU: **2016 NF PE RVU:** 2.50
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.77 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95910 **Nerve conduction studies; 7-8 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2014 Medicare Utilization:** 164,716

2007 Work RVU: **2016 Work RVU:** 2.00
2007 NF PE RVU: **2016 NF PE RVU:** 3.31
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 2.80 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95911 **Nerve conduction studies; 9-10 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2014 Medicare Utilization:** 178,283

2007 Work RVU: **2016 Work RVU:** 2.50
2007 NF PE RVU: **2016 NF PE RVU:** 3.92
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 3.34 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95912 **Nerve conduction studies; 11-12 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2014 Medicare Utilization:** 95,525

2007 Work RVU: **2016 Work RVU:** 3.00
2007 NF PE RVU: **2016 NF PE RVU:** 4.18
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 4.00 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95913 **Nerve conduction studies; 13 or more studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2014 Medicare Utilization:** 105,143

2007 Work RVU: **2016 Work RVU:** 3.56
2007 NF PE RVU: **2016 NF PE RVU:** 4.64
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 4.20 **CPT Action (if applicable):** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95921 **Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** October 2009 **2014 Medicare Utilization:** 49,519

2007 Work RVU: 0.90 **2016 Work RVU:** 0.90
2007 NF PE RVU: 0.82 **2016 NF PE RVU:** 1.48
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.90 **CPT Action (if applicable):** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95922 **Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** February 2008 **2014 Medicare Utilization:** 6,148

2007 Work RVU: 0.96 **2016 Work RVU:** 0.96
2007 NF PE RVU: 1 **2016 NF PE RVU:** 1.84
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.96 **CPT Action (if applicable):** February 2012 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2008

Status Report: CMS Requests and Relativity Assessment Issues

95923 **Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2014 Medicare Utilization:** 102,524

2007 Work RVU: 0.90 **2016 Work RVU:** 0.90
2007 NF PE RVU: 1.99 **2016 NF PE RVU:** 3.66
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.90 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95924 **Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 06 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2014 Medicare Utilization:** 16,989

2007 Work RVU: **2016 Work RVU:** 1.73
2007 NF PE RVU: **2016 NF PE RVU:** 2.36
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 1.73 **CPT Action (if applicable):** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95925 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2014 Medicare Utilization:** 11,005

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 1.63 **2016 NF PE RVU:** 3.80
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs **CPT Action (if applicable):** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95926 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2014 Medicare Utilization:** 15,443

2007 Work RVU: 0.54 **2016 Work RVU:** 0.54
2007 NF PE RVU: 1.59 **2016 NF PE RVU:** 3.29
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95928 **Central motor evoked potential study (transcranial motor stimulation); upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2014 Medicare Utilization:** 425

2007 Work RVU: 1.50 **2016 Work RVU:** 1.50
2007 NF PE RVU: 3.25 **2016 NF PE RVU:** 4.76
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.50 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95929 **Central motor evoked potential study (transcranial motor stimulation); lower limbs** **Global:** XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2014 Medicare Utilization:** 1,199

2007 Work RVU: 1.50 **2016 Work RVU:** 1.50
2007 NF PE RVU: 3.48 **2016 NF PE RVU:** 4.78
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.50 **CPT Action (if applicable):** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95930 **Visual evoked potential (VEP) testing central nervous system, checkerboard or flash** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2014 Medicare Utilization:** 78,177

2007 Work RVU: 0.35 **2016 Work RVU:** 0.35
2007 NF PE RVU: 2.34 **2016 NF PE RVU:** 3.23
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** May 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

95934 **H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 0.51 **2016 Work RVU:**
2007 NF PE RVU: 0.55 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95936 **H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** **First Identified:** **2014 Medicare Utilization:**

2007 Work RVU: 0.55 **2016 Work RVU:**
2007 NF PE RVU: 0.49 **2016 NF PE RVU:**
2007 Fac PE RVU: NA **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95938 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** **2014 Medicare Utilization:** 61,661

2007 Work RVU: **2016 Work RVU:** 0.86
2007 NF PE RVU: **2016 NF PE RVU:** 8.69
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.86 and new PE inputs **CPT Action (if applicable):** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95939 **Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** **2014 Medicare Utilization:** 24,756

2007 Work RVU: **2016 Work RVU:** 2.25
2007 NF PE RVU: **2016 NF PE RVU:** 11.71
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 2.25 and new PE inputs **CPT Action (if applicable):** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95940 **Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: January 2012

2014 Medicare Utilization: 21,623

2007 Work RVU: **2016 Work RVU:** 0.60

2007 NF PE RVU: **2016 NF PE RVU:** NA

2007 Fac PE RVU: **2016 Fac PE RVU:** 0.28

RUC Recommendation: 0.60

CPT Action (if applicable): February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95941 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: January 2012

2014 Medicare Utilization:

2007 Work RVU: **2016 Work RVU:** 0.00

2007 NF PE RVU: **2016 NF PE RVU:** 0.00

2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 2.00

CPT Action (if applicable): February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95943 **Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 06 **Specialty Developing Recommendation:** AAN, AANEM

First Identified:

2014 Medicare Utilization: 33,829

2007 Work RVU: **2016 Work RVU:** 0.00

2007 NF PE RVU: **2016 NF PE RVU:** 0.00

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Carrier Price

CPT Action (if applicable): February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95950 **Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: February 2009 **2014 Medicare Utilization:** 1,043

2007 Work RVU: 1.51 **2016 Work RVU:** 1.51
2007 NF PE RVU: 4.18 **2016 NF PE RVU:** 7.70
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.51 and new PE inputs

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95953 **Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: February 2009 **2014 Medicare Utilization:** 22,037

2007 Work RVU: 3.30 **2016 Work RVU:** 3.08
2007 NF PE RVU: 7.52 **2016 NF PE RVU:** 8.60
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 3.08

CPT Action (if applicable):

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95954 **Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)**

Global: XXX **Issue:** EEG Monitoring **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAN, ACNS

First Identified: February 2008 **2014 Medicare Utilization:** 1,563

2007 Work RVU: 2.45 **2016 Work RVU:** 2.45
2007 NF PE RVU: 4.38 **2016 NF PE RVU:** 10.20
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95956 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse**

Global: XXX **Issue:** EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 26 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** October 2008 **2014 Medicare Utilization:** 5,868

2007 Work RVU: 3.08 **2016 Work RVU:** 3.61
2007 NF PE RVU: 15.47 **2016 NF PE RVU:** 42.24
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 3.61. CPT Assistant article published **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

95957 **Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)**

Global: XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 50 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2014 Medicare Utilization:** 56,993

2007 Work RVU: 1.98 **2016 Work RVU:** 1.98
2007 NF PE RVU: 3.37 **2016 NF PE RVU:** 6.77
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.98 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95970 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming**

Global: XXX **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR **First Identified:** February 2010 **2014 Medicare Utilization:** 29,686

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.86 **2016 NF PE RVU:** 1.44
2007 Fac PE RVU: 0.14 **2016 Fac PE RVU:** 0.20

RUC Recommendation: Refer to CPT May 2016 **CPT Action (if applicable):** May 2016 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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Status Report: CMS Requests and Relativity Assessment Issues

95971 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming**

Global: XXX **Issue:** Analysis of implanted neurostimulator pulse generator system **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS **First Identified:** October 2009 **2014 Medicare Utilization:** 13,125

2007 Work RVU: 0.78 **2016 Work RVU:** 0.78
2007 NF PE RVU: 0.66 **2016 NF PE RVU:** 0.57
2007 Fac PE RVU: 0.22 **2016 Fac PE RVU:** 0.31

RUC Recommendation: 0.78 **CPT Action (if applicable):** February 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95972 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming**

Global: XXX **Issue:** Analysis of implanted neurostimulator pulse generator system **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS **First Identified:** February 2010 **2014 Medicare Utilization:** 58,353

2007 Work RVU: 1.50 **2016 Work RVU:** 0.80
2007 NF PE RVU: 1.21 **2016 NF PE RVU:** 0.78
2007 Fac PE RVU: 0.48 **2016 Fac PE RVU:** 0.31

RUC Recommendation: 0.80 **CPT Action (if applicable):** May 2014 February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95973 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS **First Identified:** February 2010 **2014 Medicare Utilization:** 1,537

2007 Work RVU: 0.92 **2016 Work RVU:**
2007 NF PE RVU: 0.61 **2016 NF PE RVU:**
2007 Fac PE RVU: 0.32 **2016 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95974 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour**

Global: XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2014 Medicare Utilization:** 17,404

2007 Work RVU: 3.00 **2016 Work RVU:** 3.00
2007 NF PE RVU: 1.65 **2016 NF PE RVU:** 2.58
2007 Fac PE RVU: 1.19 **2016 Fac PE RVU:** 1.37

RUC Recommendation: Refer to CPT May 2016 **CPT Action (if applicable):** May 2016 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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95975 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2014 Medicare Utilization:** 345

2007 Work RVU: 1.70 **2016 Work RVU:** 1.70
2007 NF PE RVU: 0.86 **2016 NF PE RVU:** 1.31
2007 Fac PE RVU: 0.67 **2016 Fac PE RVU:** 0.79

RUC Recommendation: Refer to CPT May 2016 **CPT Action (if applicable):** May 2016 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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95978 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour**

Global: XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2014 Medicare Utilization:** 32,302

2007 Work RVU: 3.50 **2016 Work RVU:** 3.50
2007 NF PE RVU: 1.91 **2016 NF PE RVU:** 3.19
2007 Fac PE RVU: 1.24 **2016 Fac PE RVU:** 1.62

RUC Recommendation: Refer to CPT May 2016 **CPT Action (if applicable):** May 2016 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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Status Report: CMS Requests and Relativity Assessment Issues

95979 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2014 Medicare Utilization:** 5,918

2007 Work RVU: 1.64 **2016 Work RVU:** 1.64
2007 NF PE RVU: 0.84 **2016 NF PE RVU:** 1.27
2007 Fac PE RVU: 0.64 **2016 Fac PE RVU:** 0.76

RUC Recommendation: Refer to CPT May 2016 **CPT Action (if applicable):** May 2016 **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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95980 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming**

Global: XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** **First Identified:** July 2015 **2014 Medicare Utilization:** 352

2007 Work RVU: **2016 Work RVU:** 0.80
2007 NF PE RVU: **2016 NF PE RVU:** NA
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.35

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** May 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

95981 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming**

Global: XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:** **First Identified:** July 2015 **2014 Medicare Utilization:** 565

2007 Work RVU: **2016 Work RVU:** 0.30
2007 NF PE RVU: **2016 NF PE RVU:** 0.56
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.17

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** May 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95982 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming**

Global: XXX **Issue:** Electronic Analysis of Implanted Neurostimulator Pulse Generator System **Screen:** CMS Request - Final Rule for 2016 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 51 **Specialty Developing Recommendation:**

First Identified: July 2015 **2014 Medicare Utilization:** 955

2007 Work RVU: **2016 Work RVU:** 0.65
2007 NF PE RVU: **2016 NF PE RVU:** 0.75
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.30

RUC Recommendation: Refer to CPT

CPT Action (if applicable): May 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

95990 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS

First Identified: April 2010 **2014 Medicare Utilization:** 5,009

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 1.53 **2016 NF PE RVU:** 2.57
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.00

CPT Action (if applicable): October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95991 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM

First Identified: February 2008 **2014 Medicare Utilization:** 14,104

2007 Work RVU: 0.77 **2016 Work RVU:** 0.77
2007 NF PE RVU: 1.53 **2016 NF PE RVU:** 2.63
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.31

RUC Recommendation: 0.77

CPT Action (if applicable): October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96101 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** July 2015 **2014 Medicare Utilization:** 238,365

2007 Work RVU: 1.86 **2016 Work RVU:** 1.86
2007 NF PE RVU: 0.58 **2016 NF PE RVU:** 0.32
2007 Fac PE RVU: 0.56 **2016 Fac PE RVU:** 0.30

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96102 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** July 2015 **2014 Medicare Utilization:** 48,579

2007 Work RVU: 0.50 **2016 Work RVU:** 0.50
2007 NF PE RVU: 0.8 **2016 NF PE RVU:** 1.26
2007 Fac PE RVU: 0.15 **2016 Fac PE RVU:** 0.13

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96103 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** APA (Psychology) **First Identified:** April 2013 **2014 Medicare Utilization:** 103,396

2007 Work RVU: 0.51 **2016 Work RVU:** 0.51
2007 NF PE RVU: 0.49 **2016 NF PE RVU:** 0.24
2007 Fac PE RVU: 0.15 **2016 Fac PE RVU:** 0.21

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2013 & February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96105 **Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour**

Global: XXX **Issue:** Assessment of Aphasia **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 33 **Specialty Developing Recommendation:** ASHA, AAN **First Identified:** **2014 Medicare Utilization:** 342

2007 Work RVU: 0.00 **2016 Work RVU:** 1.75
2007 NF PE RVU: 1.83 **2016 NF PE RVU:** 1.20
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 1.75 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

96116 **Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 52 **Specialty Developing Recommendation:** AAN, APA (psychology) **First Identified:** July 2015 **2014 Medicare Utilization:** 139,729

2007 Work RVU: 1.86 **2016 Work RVU:** 1.86
2007 NF PE RVU: 0.76 **2016 NF PE RVU:** 0.66
2007 Fac PE RVU: 0.59 **2016 Fac PE RVU:** 0.50

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

96118 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** July 2015 **2014 Medicare Utilization:** 595,801

2007 Work RVU: 1.86 **2016 Work RVU:** 1.86
2007 NF PE RVU: 1.25 **2016 NF PE RVU:** 0.83
2007 Fac PE RVU: 0.56 **2016 Fac PE RVU:** 0.29

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96119 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** July 2015 **2014 Medicare Utilization:** 152,340

2007 Work RVU: 0.55 **2016 Work RVU:** 0.55
2007 NF PE RVU: 1.15 **2016 NF PE RVU:** 1.69
2007 Fac PE RVU: 0.17 **2016 Fac PE RVU:** 0.10

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

96120 **Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** APA (Psychology) **First Identified:** April 2013 **2014 Medicare Utilization:** 25,440

2007 Work RVU: 0.51 **2016 Work RVU:** 0.51
2007 NF PE RVU: 1.04 **2016 NF PE RVU:** 0.81
2007 Fac PE RVU: 0.15 **2016 Fac PE RVU:** 0.19

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96125 **Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** **First Identified:** January 2016 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** October 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96127 **Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:**

First Identified: January 2016 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: Refer to CPT

CPT Action (if applicable): October 2016 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

96360 **Intravenous infusion, hydration; initial, 31 minutes to 1 hour**

Global: XXX **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASCO, ASH

First Identified: July 2015 **2014 Medicare Utilization:** 246,651

2007 Work RVU: **2016 Work RVU:** 0.17
2007 NF PE RVU: **2016 NF PE RVU:** 1.41
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

96361 **Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASCO, ASH

First Identified: July 2015 **2014 Medicare Utilization:** 579,536

2007 Work RVU: **2016 Work RVU:** 0.09
2007 NF PE RVU: **2016 NF PE RVU:** 0.33
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation:

CPT Action (if applicable): **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96365 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour**

Global: XXX **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2014 Medicare Utilization:** 1,261,768

2007 Work RVU: **2016 Work RVU:** 0.21
2007 NF PE RVU: **2016 NF PE RVU:** 1.70
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.21 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96366 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2014 Medicare Utilization:** 613,975

2007 Work RVU: **2016 Work RVU:** 0.18
2007 NF PE RVU: **2016 NF PE RVU:** 0.34
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.18 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96367 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2014 Medicare Utilization:** 1,799,767

2007 Work RVU: **2016 Work RVU:** 0.19
2007 NF PE RVU: **2016 NF PE RVU:** 0.65
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.19 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96368 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2014 Medicare Utilization:** 152,692

2007 Work RVU: **2016 Work RVU:** 0.17
2007 NF PE RVU: **2016 NF PE RVU:** 0.40
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96372 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular**

Global: XXX **Issue:** Therapeutic Injections **Screen:** Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ASCO, ASH, AAFP **First Identified:** April 2013 **2014 Medicare Utilization:** 9,070,825

2007 Work RVU: **2016 Work RVU:** 0.17
2007 NF PE RVU: **2016 NF PE RVU:** 0.53
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

96374 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug**

Global: XXX **Issue:** Therapeutic Injections **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2014 Medicare Utilization:** 338,264

2007 Work RVU: **2016 Work RVU:** 0.18
2007 NF PE RVU: **2016 NF PE RVU:** 1.38
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96375 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Therapeutic Injections **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation: ASCO, ASH, ACRh

First Identified: July 2015

2014 Medicare Utilization: 1,579,005

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU:

2016 Work RVU: 0.10
2016 NF PE RVU: 0.52
2016 Fac PE RVU: NA

RUC Recommendation:

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

963XX **Application of on-body injector (includes cannula insertion) for timed subcutaneous injection**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** shold be on N/R LOI just added to track **Complete?** No

Most Recent RUC Meeting: January 2016

Tab

Specialty Developing Recommendation:

First Identified: January 2016

2014 Medicare Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU:

2016 Work RVU:
2016 NF PE RVU:
2016 Fac PE RVU:

RUC Recommendation: Survey for October 2016 with family of services .

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

96401 **Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation: ASBMT, ASCO, ASH, ACRh

First Identified: July 2015

2014 Medicare Utilization: 708,298

2007 Work RVU: 0.21
2007 NF PE RVU: 1.34
2007 Fac PE RVU: NA

2016 Work RVU: 0.21
2016 NF PE RVU: 1.84
2016 Fac PE RVU: NA

RUC Recommendation:

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

96402 **Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ASBMT, ASCO, ASH, AUA
First Identified: July 2015
2014 Medicare Utilization: 392,054

2007 Work RVU: 0.19 **2016 Work RVU:** 0.19
2007 NF PE RVU: 0.94 **2016 NF PE RVU:** 0.70
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

96405 **Chemotherapy administration; intralesional, up to and including 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008
Tab 55
Specialty Developing Recommendation: ASCO
First Identified: NA
2014 Medicare Utilization: 2,256

2007 Work RVU: 0.52 **2016 Work RVU:** 0.52
2007 NF PE RVU: 2.71 **2016 NF PE RVU:** 1.77
2007 Fac PE RVU: 0.24 **2016 Fac PE RVU:** 0.31

RUC Recommendation: New PE inputs
CPT Action (if applicable):
Result: PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96406 **Chemotherapy administration; intralesional, more than 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008
Tab 55
Specialty Developing Recommendation: ASCO
First Identified: NA
2014 Medicare Utilization: 207

2007 Work RVU: 0.80 **2016 Work RVU:** 0.80
2007 NF PE RVU: 3.08 **2016 NF PE RVU:** 2.44
2007 Fac PE RVU: 0.29 **2016 Fac PE RVU:** 0.47

RUC Recommendation: New PE inputs
CPT Action (if applicable):
Result: PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96409 **Chemotherapy administration; intravenous, push technique, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting:
Tab
Specialty Developing Recommendation: ASBMT, ASCO, ASH
First Identified: July 2015
2014 Medicare Utilization: 153,218

2007 Work RVU: 0.24 **2016 Work RVU:** 0.24
2007 NF PE RVU: 2.88 **2016 NF PE RVU:** 2.80
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation:
CPT Action (if applicable):
Result:
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96411 **Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2014 Medicare Utilization:** 214,989

2007 Work RVU: 0.20 **2016 Work RVU:** 0.20
2007 NF PE RVU: 1.58 **2016 NF PE RVU:** 1.51
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

96413 **Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** February 2010 **2014 Medicare Utilization:** 1,893,126

2007 Work RVU: 0.28 **2016 Work RVU:** 0.28
2007 NF PE RVU: 4.05 **2016 NF PE RVU:** 3.44
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.28 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96415 **Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2014 Medicare Utilization:** 1,030,390

2007 Work RVU: 0.19 **2016 Work RVU:** 0.19
2007 NF PE RVU: 0.74 **2016 NF PE RVU:** 0.59
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.19 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96416 **Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 20 **Specialty Developing Recommendation:** ACRh, ASCO, ASH **First Identified:** February 2010 **2014 Medicare Utilization:** 115,989

2007 Work RVU: 0.21 **2016 Work RVU:** 0.21
2007 NF PE RVU: 4.47 **2016 NF PE RVU:** 3.66
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

96417 **Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2014 Medicare Utilization:** 491,560

2007 Work RVU: 0.21 **2016 Work RVU:** 0.21
2007 NF PE RVU: 1.89 **2016 NF PE RVU:** 1.51
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.21 and new PE inputs **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96440 **Chemotherapy administration into pleural cavity, requiring and including thoracentesis**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** **First Identified:** NA **2014 Medicare Utilization:** 51

2007 Work RVU: 2.37 **2016 Work RVU:** 2.37
2007 NF PE RVU: 7.48 **2016 NF PE RVU:** 21.15
2007 Fac PE RVU: 1.17 **2016 Fac PE RVU:** 1.10

RUC Recommendation: New PE inputs **CPT Action (if applicable):** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96567 **Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session**

Global: XXX **Issue:** Photodynamic Therapy **Screen:** High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2014 Medicare Utilization:** 127,207

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 2.4 **2016 NF PE RVU:** 3.80
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

96910 **Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B**

Global: XXX **Issue:** Photo-chemotherapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** AAD **First Identified:** July 2015 **2014 Medicare Utilization:** 390,737

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 1.24 **2016 NF PE RVU:** 2.01
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

96920 **Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2014 Medicare Utilization:** 88,138

2007 Work RVU: 1.15 **2016 Work RVU:** 1.15
2007 NF PE RVU: 2.8 **2016 NF PE RVU:** 3.18
2007 Fac PE RVU: 0.57 **2016 Fac PE RVU:** 0.70

RUC Recommendation: Refer to CPT Assistant. 1.15. **CPT Action (if applicable):**

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012 (May 201

Status Report: CMS Requests and Relativity Assessment Issues

96921 **Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm** **Global:** 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2014 Medicare Utilization:** 26,100

2007 Work RVU: 1.17 **2016 Work RVU:** 1.30
2007 NF PE RVU: 2.82 **2016 NF PE RVU:** 3.48
2007 Fac PE RVU: 0.57 **2016 Fac PE RVU:** 0.79

RUC Recommendation: Refer to CPT Assistant. 1.30 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012 (May 201

96922 **Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm** **Global:** 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2014 Medicare Utilization:** 16,346

2007 Work RVU: 2.10 **2016 Work RVU:** 2.10
2007 NF PE RVU: 3.77 **2016 NF PE RVU:** 4.50
2007 Fac PE RVU: 0.73 **2016 Fac PE RVU:** 1.27

RUC Recommendation: Refer to CPT Assistant. 2.10. **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012 (May 201

97001 **Physical therapy evaluation** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2014 Medicare Utilization:** 2,320,716

2007 Work RVU: 1.20 **2016 Work RVU:** 1.20
2007 NF PE RVU: 0.73 **2016 NF PE RVU:** 0.86
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97002 **Physical therapy re-evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2014 Medicare Utilization:** 494,985

2007 Work RVU: 0.60 **2016 Work RVU:** 0.60
2007 NF PE RVU: 0.43 **2016 NF PE RVU:** 0.56
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97003 **Occupational therapy evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2014 Medicare Utilization:** 176,792

2007 Work RVU: 1.20 **2016 Work RVU:** 1.20
2007 NF PE RVU: 0.86 **2016 NF PE RVU:** 1.14
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97004 **Occupational therapy re-evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2014 Medicare Utilization:** 30,962

2007 Work RVU: 0.60 **2016 Work RVU:** 0.60
2007 NF PE RVU: 0.64 **2016 NF PE RVU:** 0.86
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97016 **Application of a modality to 1 or more areas; vasopneumatic devices**

Global: XXX **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R **First Identified:** February 2010 **2014 Medicare Utilization:** 440,463

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.2 **2016 NF PE RVU:** 0.35
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT (PM&R Workgroup) **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97018 **Application of a modality to 1 or more areas; paraffin bath**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Therapeutic Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R **First Identified:** February 2010 **2014 Medicare Utilization:** 122,781

2007 Work RVU: 0.06 **2016 Work RVU:** 0.06
2007 NF PE RVU: 0.12 **2016 NF PE RVU:** 0.24
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Maintain **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97032 **Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** July 2015 **2014 Medicare Utilization:** 1,221,310

2007 Work RVU: 0.25 **2016 Work RVU:** 0.25
2007 NF PE RVU: 0.17 **2016 NF PE RVU:** 0.28
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97035 **Application of a modality to 1 or more areas; ultrasound, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010

2014 Medicare Utilization: 2,942,131

2007 Work RVU: 0.21 **2016 Work RVU:** 0.21
2007 NF PE RVU: 0.1 **2016 NF PE RVU:** 0.13
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97110 **Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** Codes Reported Together 75% or More-Part1 / MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R

First Identified: February 2010

2014 Medicare Utilization: 45,318,722

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2016 NF PE RVU:** 0.44
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Maintain

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97112 **Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011

2014 Medicare Utilization: 8,498,300

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.32 **2016 NF PE RVU:** 0.48
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT (PM&R Workgroup)

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97113 **Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** July 2015 **2014 Medicare Utilization:** 1,542,161

2007 Work RVU: 0.44 **2016 Work RVU:** 0.44
2007 NF PE RVU: 0.43 **2016 NF PE RVU:** 0.76
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97116 **Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AOTA, APTA, AAPM&R **First Identified:** February 2010 **2014 Medicare Utilization:** 1,734,809

2007 Work RVU: 0.40 **2016 Work RVU:** 0.40
2007 NF PE RVU: 0.25 **2016 NF PE RVU:** 0.39
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.40 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97140 **Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2014 Medicare Utilization:** 21,170,807

2007 Work RVU: 0.43 **2016 Work RVU:** 0.43
2007 NF PE RVU: 0.26 **2016 NF PE RVU:** 0.40
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT (PM&R Workgroup) **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97150 **Therapeutic procedure(s), group (2 or more individuals)**

Global: XXX **Issue:** Group Therapeutic Procedure **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 32 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2011 **2014 Medicare Utilization:** 857,690

2007 Work RVU: 0.27 **2016 Work RVU:** 0.29
2007 NF PE RVU: 0.19 **2016 NF PE RVU:** 0.19
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: 0.29 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97161X

Global: **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.75 **CPT Action (if applicable):** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97162X

Global: **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.18 **CPT Action (if applicable):** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97163X

Global: **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.50 **CPT Action (if applicable):** February 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97164X

Global: **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.75 **CPT Action (if applicable):** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97165X

Global: **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.88 **CPT Action (if applicable):** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97166X

Global: **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.20 **CPT Action (if applicable):** February 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97167X

Global: **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.70 **CPT Action (if applicable):** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97168X

Global: **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.80 **CPT Action (if applicable):** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97530 **Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2014 Medicare Utilization:** 8,349,850

2007 Work RVU: 0.44 **2016 Work RVU:** 0.44
2007 NF PE RVU: 0.34 **2016 NF PE RVU:** 0.53
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT (PM&R Workgroup) **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97532 **Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2014 Medicare Utilization:** 274,247

2007 Work RVU: 0.44 **2016 Work RVU:** 0.44
2007 NF PE RVU: 0.21 **2016 NF PE RVU:** 0.30
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT (PM&R Workgroup) **CPT Action (if applicable):** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97535 **Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACP, APTA, AOTA, ACCP, ATS **First Identified:** October 2012 **2014 Medicare Utilization:** 1,005,608

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.34 **2016 NF PE RVU:** 0.52
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Article no longer ne

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97542 **Wheelchair management (eg, assessment, fitting, training), each 15 minutes**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2014 Medicare Utilization:** 30,322

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2016 NF PE RVU:** 0.40
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT (PM&R Workgroup) **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97597 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less**

Global: 000 **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA, APMA **First Identified:** September 2007 **2014 Medicare Utilization:** 1,085,786

2007 Work RVU: 0.58 **2016 Work RVU:** 0.51
2007 NF PE RVU: 0.77 **2016 NF PE RVU:** 1.59
2007 Fac PE RVU: 0.53 **2016 Fac PE RVU:** 0.13

RUC Recommendation: Review 2017. 0.54 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97598 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA, APMA **First Identified:** September 2007 **2014 Medicare Utilization:** 122,045

2007 Work RVU: 0.80 **2016 Work RVU:** 0.24
2007 NF PE RVU: 0.91 **2016 NF PE RVU:** 0.44
2007 Fac PE RVU: 0.64 **2016 Fac PE RVU:** 0.06

RUC Recommendation: Review 2017. 0.40 **CPT Action (if applicable):** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97605 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2013 **2014 Medicare Utilization:** 47,317

2007 Work RVU: 0.55 **2016 Work RVU:** 0.55
2007 NF PE RVU: 0.36 **2016 NF PE RVU:** 0.59
2007 Fac PE RVU: 0.2 **2016 Fac PE RVU:** 0.14

RUC Recommendation: 0.55 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97606 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** April 2013 **2014 Medicare Utilization:** 13,795

2007 Work RVU: 0.60 **2016 Work RVU:** 0.60
2007 NF PE RVU: 0.37 **2016 NF PE RVU:** 0.75
2007 Fac PE RVU: 0.21 **2016 Fac PE RVU:** 0.15

RUC Recommendation: 0.60 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97607 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 0.11 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97608 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: 0.46 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97755 **Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes**

Global: XXX **Issue:** Assistive Technology Assessment **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** February 2008 **2014 Medicare Utilization:** 2,215

2007 Work RVU: 0.62 **2016 Work RVU:** 0.62
2007 NF PE RVU: 0.28 **2016 NF PE RVU:** 0.37
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97802 **Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2014 Medicare Utilization:** 215,892

2007 Work RVU: 0.45 **2016 Work RVU:** 0.53
2007 NF PE RVU: 0.39 **2016 NF PE RVU:** 0.43
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** 0.37

RUC Recommendation: 0.53 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97803 **Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2014 Medicare Utilization:** 177,455

2007 Work RVU: 0.37 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2016 NF PE RVU:** 0.38
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** 0.31

RUC Recommendation: 0.45 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98925 **Osteopathic manipulative treatment (OMT); 1-2 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **2014 Medicare Utilization:** 79,610

2007 Work RVU: 0.45 **2016 Work RVU:** 0.46
2007 NF PE RVU: 0.31 **2016 NF PE RVU:** 0.40
2007 Fac PE RVU: 0.14 **2016 Fac PE RVU:** 0.18

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98926 **Osteopathic manipulative treatment (OMT); 3-4 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** October 2009 **2014 Medicare Utilization:** 107,977

2007 Work RVU: 0.65 **2016 Work RVU:** 0.71
2007 NF PE RVU: 0.4 **2016 NF PE RVU:** 0.54
2007 Fac PE RVU: 0.23 **2016 Fac PE RVU:** 0.27

RUC Recommendation: 0.75 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98927 **Osteopathic manipulative treatment (OMT); 5-6 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: October 2009

2014 Medicare Utilization: 96,657

2007 Work RVU: 0.87 **2016 Work RVU:** 0.96
2007 NF PE RVU: 0.49 **2016 NF PE RVU:** 0.66
2007 Fac PE RVU: 0.28 **2016 Fac PE RVU:** 0.33

RUC Recommendation: 1.00

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98928 **Osteopathic manipulative treatment (OMT); 7-8 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010

2014 Medicare Utilization: 91,827

2007 Work RVU: 1.03 **2016 Work RVU:** 1.21
2007 NF PE RVU: 0.57 **2016 NF PE RVU:** 0.78
2007 Fac PE RVU: 0.32 **2016 Fac PE RVU:** 0.42

RUC Recommendation: 1.25

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98929 **Osteopathic manipulative treatment (OMT); 9-10 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010

2014 Medicare Utilization: 63,283

2007 Work RVU: 1.19 **2016 Work RVU:** 1.46
2007 NF PE RVU: 0.65 **2016 NF PE RVU:** 0.92
2007 Fac PE RVU: 0.35 **2016 Fac PE RVU:** 0.50

RUC Recommendation: 1.50

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98940 **Chiropractic manipulative treatment (CMT); spinal, 1-2 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011

2014 Medicare Utilization: 6,418,597

2007 Work RVU: 0.45 **2016 Work RVU:** 0.46
2007 NF PE RVU: 0.23 **2016 NF PE RVU:** 0.32
2007 Fac PE RVU: 0.12 **2016 Fac PE RVU:** 0.16

RUC Recommendation: 0.46

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98941 **Chiropractic manipulative treatment (CMT); spinal, 3-4 regions** **Global:** 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2014 Medicare Utilization:** 13,063,123

2007 Work RVU: 0.65 **2016 Work RVU:** 0.71
2007 NF PE RVU: 0.29 **2016 NF PE RVU:** 0.42
2007 Fac PE RVU: 0.17 **2016 Fac PE RVU:** 0.24

RUC Recommendation: 0.71 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98942 **Chiropractic manipulative treatment (CMT); spinal, 5 regions** **Global:** 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2014 Medicare Utilization:** 1,311,097

2007 Work RVU: 0.87 **2016 Work RVU:** 0.96
2007 NF PE RVU: 0.36 **2016 NF PE RVU:** 0.50
2007 Fac PE RVU: 0.23 **2016 Fac PE RVU:** 0.33

RUC Recommendation: 0.96 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98943 **Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions** **Global:** XXX **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2014 Medicare Utilization:** 1

2007 Work RVU: 0.40 **2016 Work RVU:** 0.46
2007 NF PE RVU: 0.22 **2016 NF PE RVU:** 0.28
2007 Fac PE RVU: 0.14 **2016 Fac PE RVU:** 0.18

RUC Recommendation: 0.46 **CPT Action (if applicable):** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99143 **Deleted from CPT** **Global:** XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2014 Medicare Utilization:** 21

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** 0.00

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99144 **Deleted from CPT** **Global:** XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2014 Medicare Utilization:** 532,624

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** 0.00

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99148 **Deleted from CPT** **Global:** XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2014 Medicare Utilization:** 5

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** 0.00

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99149 **Deleted from CPT** **Global:** XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2014 Medicare Utilization:** 5,793

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** 0.00

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99150 **Deleted from CPT**

Global: ZZZ **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2014 Medicare Utilization:** 1,929

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0 **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: 0 **2016 Fac PE RVU:** 0.00

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99174 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 09 **Specialty Developing Recommendation:** AAP, AAO **First Identified:** NA **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: PE Only **CPT Action (if applicable):** May 2014 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

99177 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** May 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: PE Only **CPT Action (if applicable):** May 2014 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99183 **Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session**

Global: XXX **Issue:** Hyperbaric Oxygen Therapy **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 33 **Specialty Developing Recommendation:** ACEP, ACP, ACS, APMA **First Identified:** April 2013 **2014 Medicare Utilization:** 602,570

2007 Work RVU: 2.34 **2016 Work RVU:** 2.11
2007 NF PE RVU: 3.08 **2016 NF PE RVU:** 0.77
2007 Fac PE RVU: 0.69 **2016 Fac PE RVU:** 0.77

RUC Recommendation: 2.11 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

991X1X

Global: **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.50 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

991X2X **Global:** **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 0.25 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

991X3X **Global:** **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.90 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

991X4X

Global: **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:**
2007 NF PE RVU: **2016 NF PE RVU:**
2007 Fac PE RVU: **2016 Fac PE RVU:**

RUC Recommendation: 1.84 **CPT Action (if applicable):** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

99497 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate**

Global: XXX **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.50
2007 NF PE RVU: **2016 NF PE RVU:** 0.80
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.62

RUC Recommendation: Review in 3 years and refer to CPT Assistant **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

99498 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2014 Medicare Utilization:**

2007 Work RVU: **2016 Work RVU:** 1.40
2007 NF PE RVU: **2016 NF PE RVU:** 0.59
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.58

RUC Recommendation: Review in 3 years and refer to CPT Assistant **CPT Action (if applicable):** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

Status Report: CMS Requests and Relativity Assessment Issues

G0101 **Cervical or vaginal cancer screening; pelvic and clinical breast examination** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2014 Medicare Utilization:** 1,048,364

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.51 **2016 NF PE RVU:** 0.58
2007 Fac PE RVU: NA **2016 Fac PE RVU:** 0.29

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0104 **Colorectal cancer screening; flexible sigmoidoscopy** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2014 Medicare Utilization:** 1,816

2007 Work RVU: 0.96 **2016 Work RVU:** 0.84
2007 NF PE RVU: 2.33 **2016 NF PE RVU:** 3.78
2007 Fac PE RVU: 0.53 **2016 Fac PE RVU:** 0.67

RUC Recommendation: 0.84 **CPT Action (if applicable):** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0105 **Colorectal cancer screening; colonoscopy on individual at high risk** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 229,212

2007 Work RVU: 3.69 **2016 Work RVU:** 3.36
2007 NF PE RVU: 6.2 **2016 NF PE RVU:** 6.94
2007 Fac PE RVU: 1.57 **2016 Fac PE RVU:** 1.75

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0121 **Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2014 Medicare Utilization:** 246,790

2007 Work RVU: 3.69 **2016 Work RVU:** 3.36
2007 NF PE RVU: 6.2 **2016 NF PE RVU:** 6.94
2007 Fac PE RVU: 1.57 **2016 Fac PE RVU:** 1.75

RUC Recommendation: 3.36 **CPT Action (if applicable):** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0127 **Trimming of dystrophic nails, any number**

Global: 000 **Issue:** **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** APMA **First Identified:** April 2011 **2014 Medicare Utilization:** 837,354

2007 Work RVU: 0.17 **2016 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2016 NF PE RVU:** 0.48
2007 Fac PE RVU: 0.07 **2016 Fac PE RVU:** 0.04

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0179 **Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** AAFP, ACP, AAHCP **First Identified:** October 2008 **2014 Medicare Utilization:** 1,130,623

2007 Work RVU: 0.45 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.89 **2016 NF PE RVU:** 0.68
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT. Review at RAW how CMS valued these services. **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0180 **Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** AAFP, ACP, AAHCP **First Identified:** October 2008 **2014 Medicare Utilization:** 1,330,953

2007 Work RVU: 0.67 **2016 Work RVU:** 0.67
2007 NF PE RVU: 1.09 **2016 NF PE RVU:** 0.79
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT. Review at RAW how CMS valued these services.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0181 **Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** October 2008 **2014 Medicare Utilization:** 421,884

2007 Work RVU: 1.73 **2016 Work RVU:** 1.73
2007 NF PE RVU: 1.32 **2016 NF PE RVU:** 1.19
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT. Review at RAW how CMS valued these services.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0202 **Screening mammography, producing direct digital image, bilateral, all views**

Global: XXX **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2014 Medicare Utilization:** 5,602,866

2007 Work RVU: 0.70 **2016 Work RVU:** 0.70
2007 NF PE RVU: 2.74 **2016 NF PE RVU:** 3.02
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Assume CMS will delete

CPT Action (if applicable): October 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0204 **Diagnostic mammography, producing direct digital image, bilateral, all views** **Global:** XXX **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2014 Medicare Utilization:** 634,314

2007 Work RVU: 0.87 **2016 Work RVU:** 0.87
2007 NF PE RVU: 2.87 **2016 NF PE RVU:** 3.67
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Assume CMS will delete **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0206 **Diagnostic mammography, producing direct digital image, unilateral, all views** **Global:** XXX **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2014 Medicare Utilization:** 797,353

2007 Work RVU: 0.70 **2016 Work RVU:** 0.70
2007 NF PE RVU: 2.31 **2016 NF PE RVU:** 2.87
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Assume CMS will delete **CPT Action (if applicable):** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0237 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)** **Global:** XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2014 Medicare Utilization:** 107,308

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2016 NF PE RVU:** 0.27
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0238 **Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2014 Medicare Utilization:** 174,256

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 0.43 **2016 NF PE RVU:** 0.29
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0248 **Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results**

Global: XXX **Issue:** **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** **First Identified:** January 2016 **2014 Medicare Utilization:** 39,378

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 5.8 **2016 NF PE RVU:** 3.10
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey for April 2016

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0249 **Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:** 1,150,958

2007 Work RVU: 0.00 **2016 Work RVU:** 0.00
2007 NF PE RVU: 3.57 **2016 NF PE RVU:** 3.11
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey for April 2016

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0250 **Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2014 Medicare Utilization:** 276,747

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.07 **2016 NF PE RVU:** 0.06
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Survey for April 2016 **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0268 **Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing**

Global: 000 **Issue:** Removal of Wax **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2014 Medicare Utilization:** 141,631

2007 Work RVU: 0.61 **2016 Work RVU:** 0.61
2007 NF PE RVU: 0.63 **2016 NF PE RVU:** 0.82
2007 Fac PE RVU: 0.23 **2016 Fac PE RVU:** 0.27

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0270 **Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ADA **First Identified:** February 2008 **2014 Medicare Utilization:** 32,431

2007 Work RVU: 0.37 **2016 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2016 NF PE RVU:** 0.38
2007 Fac PE RVU: 0.38 **2016 Fac PE RVU:** 0.31

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0283 **Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care**

Global: XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2010

2014 Medicare Utilization: 6,759,031

2007 Work RVU: 0.18 **2016 Work RVU:** 0.18
2007 NF PE RVU: 0.12 **2016 NF PE RVU:** 0.20
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT (under review as part of PM&R Workgroup)

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0389 **Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening**

Global: XXX **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 12 **Specialty Developing Recommendation:** ACC, ACP, ACR, SCAI, SVS

First Identified: July 2014

2014 Medicare Utilization: 84,830

2007 Work RVU: 0.58 **2016 Work RVU:** 0.58
2007 NF PE RVU: 1.81 **2016 NF PE RVU:** 2.64
2007 Fac PE RVU: NA **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Assistant.

CPT Action (if applicable): May 2015

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Article Needed

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G0416 **Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method**

Global: XXX **Issue:** Prostate Biopsy - Pathology **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 16 **Specialty Developing Recommendation:** ASC, CAP

First Identified: July 2014

2014 Medicare Utilization: 61,654

2007 Work RVU: **2016 Work RVU:** 3.09
2007 NF PE RVU: **2016 NF PE RVU:** 11.72
2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: 4.00

CPT Action (if applicable):

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0438 **Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: April 2013

2014 Medicare Utilization: 1,162,210

2007 Work RVU: **2016 Work RVU:** 2.43

2007 NF PE RVU: **2016 NF PE RVU:** 2.24

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT. Review at RAW how CMS valued these services.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0439 **Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: April 2013

2014 Medicare Utilization: 3,528,096

2007 Work RVU: **2016 Work RVU:** 1.50

2007 NF PE RVU: **2016 NF PE RVU:** 1.66

2007 Fac PE RVU: **2016 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT. Review at RAW how CMS valued these services.

CPT Action (if applicable):

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0456 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: November 2012

2014 Medicare Utilization: 848

2007 Work RVU: **2016 Work RVU:** 0.00

2007 NF PE RVU: **2016 NF PE RVU:** 0.00

2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: No specialty society interest

CPT Action (if applicable): May 2013

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0457 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: November 2012 **2014 Medicare Utilization:** 78

2007 Work RVU: **2016 Work RVU:** 0.00
2007 NF PE RVU: **2016 NF PE RVU:** 0.00
2007 Fac PE RVU: **2016 Fac PE RVU:** 0.00

RUC Recommendation: No specialty society interest

CPT Action (if applicable): May 2013 **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

RUC Referrals to CPT Editoral Panel - Incomplete Issues

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
11100	**Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion**	MPC List / CMS High Expenditure Procedural Codes2	January 2016	AAD	May 2016	

Background: Prior to the January 2016 RUC meeting, the specialty society notified the RUC that their survey data displayed a bimodal distribution of responses with more outliers than usual. The specialty explained that the code descriptions do not distinguish between different types of biopsies and thus they would like to bring the biopsy of skin lesion codes back to the CPT Editorial Panel in May 2016 for refinement of the codes. The RUC recommends referring CPT codes 11100 and 11101 to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
11101	**Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)**	Low Value Billed in Multiple Units / CMS High Expenditure Procedural Codes2	January 2016	AAD	May 2016	

Background: Prior to the January 2016 RUC meeting, the specialty society notified the RUC that their survey data displayed a bimodal distribution of responses with more outliers than usual. The specialty explained that the code descriptions do not distinguish between different types of biopsies and thus they would like to bring the biopsy of skin lesion codes back to the CPT Editorial Panel in May 2016 for refinement of the codes. The RUC recommends referring CPT codes 11100 and 11101 to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
17250	**Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)**	High Volume Growth3	January 2016		October 2016	

Background: In January 2016, the Relativity Assessment Workgroup recommends refer to CPT to revise the descriptor or include a parenthetical regarding appropriately reporting 17250 or 97597 and 97598. Refer to CPT Assistant to describe when to appropriately report 17250 or 97597 and 97598. The Workgroup should review utilization data and who is providing this service in October 2019.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
22305	**Closed treatment of vertebral process fracture(s)**	CMS Request - Final Rule for 2014	April 2015	AANS/CNS, NASS	May 2016	

Background: In October 2013, AAOS and NASS indicated that 22305 be referred to CPT for deletion. There are multiple ways to report this service or report as an Evaluation and Management service. In November 2014, AAOS notified AMA staff that they do not want 22305 deleted. This service was to be surveyed for April 2015. In April 2015 the specialties noted that deletion is appropriate for 22851 and indicated they plan to present a CPT Code Change Proposal at the October 2015 CPT Editorial Panel meeting. The specialties requested and the RUC recommends that the 22305 and the Application of Intervertebral Device family of services be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
22558	**Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**	High Volume Growth2 / Codes Reported Together 75% or More-Part3	October 2013		May 2016	

Background: In January 2015 the Joint CPT/RUC Workgroup accepted the specialty socitey's bundling solution for codes 22558 and 63090.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
31255	**Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)**	Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016	April 2015		May 2016	

Background: In April 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 31276/31255, 31287/31255, 31288/31255, 31297/31296 for the CPT 2018 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
31276	**Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus**	Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016	April 2015		May 2016	

Background: In April 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 31276/31255, 31287/31255, 31288/31255, 31297/31296 for the CPT 2018 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
31287	**Nasal/sinus endoscopy, surgical, with sphenoidotomy;**	Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016	April 2015		May 2016	

Background: In April 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 31276/31255, 31287/31255, 31288/31255, 31297/31296 for the CPT 2018 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
31288	**Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus**	Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016	April 2015		May 2016	

Background: In April 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 31276/31255, 31287/31255, 31288/31255, 31297/31296 for the CPT 2018 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
31296	**Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)**	Codes Reported Together 75% or More-Part3	April 2015		May 2016	

Background: In April 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 31276/31255, 31287/31255, 31288/31255, 31297/31296 for the CPT 2018 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
31297	**Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)**	Codes Reported Together 75% or More-Part3	April 2015		May 2016	

Background: In April 2015, the Joint CPT/RUC Workgroup accepted the recommendation of the specialty societies with regards to bundling the codes in this group: 31276/31255, 31287/31255, 31288/31255, 31297/31296 for the CPT 2018 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
34802	**Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)**	Pre-Time Analysis	April 2014	ACR, SCAI, SIR, SVS	May 2016	

Background: Referred to CPT for revision

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
34812	**Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral**	Pre-Time Analysis	April 2014	ACR, SCAI, SIR, SVS	May 2016	

Background: Referred to CPT for revision

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
34825	**Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**	Pre-Time Analysis	April 2014	ACR, SCAI, SIR, SVS	May 2016	

Background: Referred to CPT for revision

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
63090	**Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment**	Codes Reported Together 75% or More-Part3			May 2016	

Background: In January 2015 the Joint CPT/RUC Workgroup accepted the specialty socitey's bundling solution for codes 22558 and 63090.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
64553	**Percutaneous implantation of neurostimulator electrode array; cranial nerve**	Final Rule for 2015	April 2015	AANS/CNS, AAPMR, ASA, NASS	May 2016	

Background: The RUC discussed the confusion that survey respondents experienced valuing this service. The description only states the nerve that the neurostimulaor is implanted in, and most respondents completed the survey as if it is performed in the facility setting. The Medicare data conflicts with this site of service, reporting that 65% of the time this service is performed in the physician's office. Additionally the supplies and equipment may be different for the temporary and permanent implantation. The RUC recommends referring CPT code 64553 to the CPT Editorial Panel to better define this service, such as having one code to describe temporary or testing implantation and another code to describe permanent implantation.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
64555	**Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)**	High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015	April 2015	AANS/CNS, AAPMR, ASA, NASS	May 2016	

Background: The RUC discussed the confusion that survey respondents experienced valuing this service. The description only states the nerve that the neurostimulaor is implanted in, and most respondents completed the survey as if it is performed in the facility setting. The Medicare data conflicts with this site of service, reporting that 68% of the time this service is performed in the physician's office. In the Medicaid data it is even higher reporting that 92% of the time it is performed in the physician's office. Additionally the supplies and equipment may be different for the temporary and permanent implantation. The RUC recommends referring CPT code 64555 to the CPT Editorial Panel to better define this service, such as having one code to describe temporary or testing implantation and another code to describe permanent implantation.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75894	**Transcatheter therapy, embolization, any method, radiological supervision and interpretation**	Codes Reported Together 75% or More-Part1	January 2013	ACC, ACR, SIR, SVS		

Background: The Workgroup accepts the specialties' recommendation to submit a code change proposal that would address any duplication when this service is reported with 37201 on the same date by the same physician. Previous notes indicated that ACC submitted a CCP for October 2012 CPT related to 75894, creating a new code for a particular cardiac procedure that is currently reported using that code. At the January 2013 RUC meeting the RUC recommended that 75894 be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
75984	**Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2012	ACR, SIR		

Background: The Joint Workgroup recommends bundling 50392 and 74475, 50393 and 74480, 50394 and 74425, 50398 and 75984 and 50392 by the CPT 2016 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
77014	**Computed tomography guidance for placement of radiation therapy fields**	CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3	January 2016	ASTRO, ACR		

Background: Revise based on CMS input regarding the radiation oncology services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
92140	**Provocative tests for glaucoma, with interpretation and report, without tonography**	Harvard Valued - Utilization over 30,000-Part2	October 2015		May 2016	

Background: AAO recommends to delete code 92140.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
92275	**Electroretinography with interpretation and report**	CMS High Expenditure Procedural Codes2	January 2016	AAO, ASRS, AOA (optometry)	October 2016	

Background: In January 2016, the specialty society noted that they became aware of inappropriate use of this code for a less intensive version of this test for diagnosis and indications that are not clinically proven and for which less expensive and less intensive tests already exist. The utilization of CPT code 99275 was appropriately low until 2013 when it suddenly increased by 300%. CPT changes are necessary to ensure that the service for which 92275 was intended is clearly described as well as an accurate vignette and work descriptor is developed. The RUC recommends CPT code 92275 be referred to the CPT Editorial Panel.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
93965	**Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)**	CMS High Expenditure Procedural Codes2	January 2016	ACC, ACR, SCAI, SVS	May 2016	

Background: In January 2016, the specialty societies explained that CPT code 93965 is a physiologic noninvasive vascular test, and the Introductory Comments in the Noninvasive Vascular Diagnostics portion of the CPT Manual clearly state that physiologic studies must be performed on instruments other than a duplex ultrasound scanner. Previously, this service could have been appropriately used in two ways. However, each indication is now obsolete. In the 2000s a test to detect lower extremity deep venous thrombosis employed an instrument called an Impedance Plethysmograph, or IPG. In the 2000s, IPG was replaced by a better test, duplex ultrasound (CPT code 93970). Additionally, duplex scanning has also replaced air plethysmography, which was previously used to test patients for chronic venous insufficiency.

Given the removal of these two indications, the specialty societies explained that they cannot identify a valid indication for the use of CPT code 93965. It is possible that clinicians are using the code to report the additional work of assessing venous valve function when duplex ultrasound is used to assess patients for chronic venous insufficiency. Under this scenario, CPT codes 93970 and 93965 would be used in conjunction on the same date of service, which is the case 50% of the time, according to the Medicare 5% sample file. However, this coding practice is inappropriate if a duplex scanner is used exclusively to perform the test.

The RUC recommends that CPT code 93965 be referred to the CPT Editorial Panel for deletion. In accordance with this deletion, no current CPT code will be used to report this service. Furthermore, CMS should consider a payment policy which removes this service from active status and redistributes the savings for CY 2017.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95930	**Visual evoked potential (VEP) testing central nervous system, checkerboard or flash**	High Volume Growth3	January 2016		May 2016	

Background: In January 2016, the RUC recommended to refer to CPT for May 2016 meeting to define a more specific delineation of test strategy relative to the clinical indication for the study. Specialty societies indicated they may recommend the elevation of Category III code 0333T to Category I as well.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95970	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming**	Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3	January 2016	AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR	May 2016	

Background: In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95974	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour**	CMS Request - Final Rule for 2016	January 2016	AAN	May 2016	

Background: In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95975	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**	CMS Request - Final Rule for 2016	January 2016	AAN	May 2016	

Background: In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95978	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour**	CMS Request - Final Rule for 2016	January 2016	AAN	May 2016	

Background: In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95979	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**	CMS Request - Final Rule for 2016	January 2016	AAN	May 2016	

Background: In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95980	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming**	CMS Request - Final Rule for 2016	January 2016		May 2016	

Background: CPT codes 95971-95973 were recently reviewed for CY 2015. Due to significant time changes in the base codes, CMS requests that the entire family should be considered as potentially misvalued and reviewed in a manner consistent with review of CPT codes 95971, 95972 and 95973. The RUC will add CPT codes 95970 and 95974-95982 to the list of potentially misvalued services to review. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95981	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming**	CMS Request - Final Rule for 2016	January 2016		May 2016	

Background: CPT codes 95971-95973 were recently reviewed for CY 2015. Due to significant time changes in the base codes, CMS requests that the entire family should be considered as potentially misvalued and reviewed in a manner consistent with review of CPT codes 95971, 95972 and 95973. The RUC will add CPT codes 95970 and 95974-95982 to the list of potentially misvalued services to review. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
95982	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming**	CMS Request - Final Rule for 2016	January 2016		May 2016	

Background: CPT codes 95971-95973 were recently reviewed for CY 2015. Due to significant time changes in the base codes, CMS requests that the entire family should be considered as potentially misvalued and reviewed in a manner consistent with review of CPT codes 95971, 95972 and 95973. The RUC will add CPT codes 95970 and 95974-95982 to the list of potentially misvalued services to review. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
96101	**Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**	CMS High Expenditure Procedural Codes2	January 2016	APA (psychology)	October 2016	

Background: In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 be added to this family of services for revision/review.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
96102	**Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**	CMS High Expenditure Procedural Codes2	January 2016	APA (psychology)	October 2016	

Background: In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 be added to this family of services for revision/review.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
96103	**Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report**	High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2	January 2016	APA (Psychology)	October 2013 & February 2014	48 & EC

Background: In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 be added to this family of services for revision/review.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
96116	**Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report**	CMS High Expenditure Procedural Codes2	January 2016	AAN, APA (psychology)	October 2016	

Background: In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 be added to this family of services for revision/review.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
96118	**Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**	CMS High Expenditure Procedural Codes2	January 2016	APA (psychology)	October 2016	

Background: In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 be added to this family of services for revision/review.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
96119	**Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**	CMS High Expenditure Procedural Codes2	January 2016	APA (psychology)	October 2016	

Background: In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 be added to this family of services for revision/review.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
96120	**Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**	High Volume Growth2 / CMS High Expenditure Procedural Codes2	January 2016	APA (Psychology)	October 2016	

Background: In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
96125	**Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**	CMS High Expenditure Procedural Codes2	January 2016		October 2016	

Background: In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
96127	**Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument**	CMS High Expenditure Procedural Codes2	January 2016		October 2016	

Background: In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. The RUC recommends the entire psychological and neuropsychological testing codes be referred to the CPT Editorial Panel for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97016	**Application of a modality to 1 or more areas; vasopneumatic devices**	Codes Reported Together 75% or More-Part1 / High Volume Growth2	October 2013	AOTA, APTA, AAPM&R		

Background: The RUC accepted the specialties' recommendation that these services include no duplication in physician work and PE components as these services were valued with limited pre and post time because it was assumed that they would be reported together on the same date by the same physician. Maintained in April 2010. October 2013 this service was identified through the High Volume Growth2 screen and the RUC recommended to maintain as the entire PM&R code section is under revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97112	**Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**	CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2	January 2012			

Background: In Jan 2012, the specialty intends on significantly revising the Physical Medicine and Rehabilitation Section of CPT and intend to submit a CCP after the Workgroup review process.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97140	**Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**	CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2	January 2012			

Background: In Jan 2012, the specialty intends on significantly revising the Physical Medicine and Rehabilitation Section of CPT and intend to submit a CCP after the Workgroup review process.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97530	**Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes**	CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2	January 2012			

Background: In Jan 2012, the specialty intends on significantly revising the Physical Medicine and Rehabilitation Section of CPT and intend to submit a CCP after the Workgroup review process.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97532	**Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes**	High Volume Growth2 / High Volume Growth3	January 2016			

Background: Refer to CPT (PM&R Workgroup)

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
97542	**Wheelchair management (eg, assessment, fitting, training), each 15 minutes**	High Volume Growth2	October 2013			

Background: October 2013 this service was identified through the High Volume Growth2 screen and the RUC recommended to maintain as the entire PM&R code section is under revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0101	**Cervical or vaginal cancer screening; pelvic and clinical breast examination**	Low Value-High Volume / CMS-Other - Utilization over 250,000	January 2014			

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0179	**Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period**	CMS Fastest Growing / CMS-Other - Utilization over 250,000	January 2016	AAFP, ACP, AAHCP		

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0180	**Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**	CMS Fastest Growing / CMS-Other - Utilization over 250,000	January 2016	AAFP, ACP, AAHCP		

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0181	**Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**	CMS Fastest Growing / CMS-Other - Utilization over 250,000	January 2016	AAFP, ACP		

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0283	**Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care**	Low Value-High Volume / CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2	January 2016			

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0438	**Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit**	CMS-Other - Utilization over 250,000	January 2016			

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

RUC Referrals to CPT Editoral Panel - Incomplete Issues

		Screen	RUC Meeting	Specialty Society:	CPT Meeting	CPT Tab
G0439	**Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit**	CMS-Other - Utilization over 250,000	January 2016			

Background: The Workgroup asked CMS why G codes are developed. CMS indicated that they are developed for programmatic need and/or to address statutory requirements. The Workgroup noted that some of the G codes have Medicare utilization well over 1 million. The Workgroup reviewed all 10 G codes. The Workgroup recommends the following services be referred to CPT to possibly develop CPT Category I codes to define these services: G0101, G0179, G0180, G0181, G0283, G0438 and G0439

RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
13120	**Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm**	CMS Fastest Growing / CPT Assistant Analysis	October 2015	Refer to CPT Assistant. 3.23	AAD, AAO-HNS, ASPS	1st article: May 2011; 2nd article needed

Background: The Workgroup believed that 13120, 13121 and 13122 were regularly performed at the same time as excision of lesion services and may need to be referred to CPT to create bundled services. However, the SS provided analysis of utilization data showing that this family of codes is not typically reported by the same physician at the time of any excision codes. The WG recommends that this service be reviewed again in 2 years. The WG recommends that the SS develop a CPT Asst article to provide correct coding instructions. Prior to this identification screen, AAD submitted a CPT Assistant article on this issue in Aug 2006. The Workgroup reviewed the 2006 article and determined that it did not sufficiently address the current issue or have any impact on Medicare utilization. The Workgroup recommends that another CPT Assistant article be written to address this issue, specifically focusing on the complex repair of the scalp, arms and/or legs, codes 13120-13122. SS submitted article. However, at the Feb 2010 CPT Asst Board requested clarification/more information from specialty society. Sept 2011 RUC rec resurvey with entire family as requested by CMS in the Proposed Rule for the 4th Five-Year Review. In April 2015, the RAW reviewed services in which the RUC recommended that a CPT Assistant article be developed. The Workgroup requested that the specialty societies develop an action plan to address the increase in utilization and the effectiveness of the CPT Assistant article. At the October 2015 meeting, the RUC recommended that the specialty societies submit another CPT Assistant article to educate providers on the clinical requirements for reporting these services, addressing the performance requirements and typical uses of all the codes in the family, as well as for the intermediate repair codes (12031-12037). Articles should include detailed descriptions of procedures, including how to differentiate between complex and intermediate repairs. Re-review in 2017.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
13121	**Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm**	CMS Fastest Growing / CPT Assistant Analysis	October 2015	Refer to CPT Assistant. 4.00	AAD, AAO-HNS, ASPS	1st article: May 2011; 2nd article needed

Background: The Workgroup believed that 13120, 13121 and 13122 were regularly performed at the same time as excision of lesion services and may need to be referred to CPT to create bundled services. However, the SS provided analysis of utilization data showing that this family of codes is not typically reported by the same physician at the time of any excision codes. The WG recommends that this service be reviewed again in 2 years. The WG recommends that the SS develop a CPT Asst article to provide correct coding instructions. Prior to this identification screen, AAD submitted a CPT Assistant article on this issue in Aug 2006. The Workgroup reviewed the 2006 article and determined that it did not sufficiently address the current issue or have any impact on Medicare utilization. The Workgroup recommends that another CPT Assistant article be written to address this issue, specifically focusing on the complex repair of the scalp, arms and/or legs, codes 13120-13122. SS submitted article. However, at the Feb 2010 CPT Asst Board requested clarification/more information from specialty society. Sept 2011 RUC rec resurvey with entire family as requested by CMS in the Proposed Rule for the 4th Five-Year Review. In April 2015, the RAW reviewed services in which the RUC recommended that a CPT Assistant article be developed. The Workgroup requested that the specialty societies develop an action plan to address the increase in utilization and the effectiveness of the CPT Assistant article. At the October 2015 meeting, the RUC recommended that the specialty societies submit another CPT Assistant article to educate providers on the clinical requirements for reporting these services, addressing the performance requirements and typical uses of all the codes in the family, as well as for the intermediate repair codes (12031-12037). Articles should include detailed descriptions of procedures, including how to differentiate between complex and intermediate repairs. Re-review in 2017.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
13122	**Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)**	CMS Fastest Growing / CPT Assistant Analysis	October 2015	Refer to CPT Assistant. 1.44	AAD, AAO-HNS, ASPS	1st article: May 2011; 2nd article needed

Background: The Workgroup believed that 13120, 13121 and 13122 were regularly performed at the same time as excision of lesion services and may need to be referred to CPT to create bundled services. However, the SS provided analysis of utilization data showing that this family of codes is not typically reported by the same physician at the time of any excision codes. The WG recommends that this service be reviewed again in 2 years. The WG recommends that the SS develop a CPT Asst article to provide correct coding instructions. Prior to this identification screen, AAD submitted a CPT Assistant article on this issue in Aug 2006. The Workgroup reviewed the 2006 article and determined that it did not sufficiently address the current issue or have any impact on Medicare utilization. The Workgroup recommends that another CPT Assistant article be written to address this issue, specifically focusing on the complex repair of the scalp, arms and/or legs, codes 13120-13122. Sept 2011 RUC rec resurvey with entire family as requested by CMS in the Proposed Rule for the 4th Five-Year Review. In April 2015, the RAW reviewed services in which the RUC recommended that a CPT Assistant article be developed. The Workgroup requested that the specialty societies develop an action plan to address the increase in utilization and the effectiveness of the CPT Assistant article. At the October 2015 meeting, the RUC recommended that the specialty societies submit another CPT Assistant article to educate providers on the clinical requirements for reporting these services, addressing the performance requirements and typical uses of all the codes in the family, as well as for the intermediate repair codes (12031-12037). Articles should include detailed descriptions of procedures, including how to differentiate between complex and intermediate repairs. Re-review in 2017.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
17250	**Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)**	High Volume Growth3	January 2016	Refer to CPT Editorial Panel and CPT Assistant.		Article Needed

Background: In October 2015, AMA Staff assembled a list of all services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The RUC review this list and recommends that the specialty societies submit an action plan for January 2016 explaining the high volume growth. In January 2016, the Relativity Assessment Workgroup recommends refer to CPT to revise the descriptor or include a parenthetical regarding appropriately reporting 17250 or 97597 and 97598. Refer to CPT Assistant to describe when to appropriately report 17250 or 97597 and 97598. The Workgroup should review utilization data and who is providing this service in October 2019.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
21820	**Closed treatment of sternum fracture**	CMS Request - Final Rule for 2014 / Emergent Procedures	January 2016	Refer to CPT Assistant and PE Subcommittee	STS, ACS	Article Needed

Background: Added as part of 21800 family for Final Rule issue. In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
23540	**Closed treatment of acromioclavicular dislocation; without manipulation**	Emergent Procedures	January 2016	Refer to CPT Assistant and PE Subcommittee		Article Needed

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
23625	**Closed treatment of greater humeral tuberosity fracture; with manipulation**	Emergent Procedures	January 2016	Refer to CPT Assistant and PE Subcommittee		Article Needed

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
23650	**Closed treatment of shoulder dislocation, with manipulation; without anesthesia**	Emergent Procedures	January 2016	Refer to CPT Assistant and PE Subcommittee		Article Needed

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016.The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
23655	**Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia**	Emergent Procedures	January 2016	Refer to CPT Assistant and PE Subcommittee		Article Needed

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016.The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
23665	**Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation**	Emergent Procedures	January 2016	Refer to CPT Assistant and PE Subcommittee		Article Needed

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016.The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
24505	**Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction**	Emergent Procedures	January 2016	Refer to CPT Assistant and PE Subcommittee		Article Needed

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016.The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time.

24600 **Treatment of closed elbow dislocation; without anesthesia**	**Screen:**	**RUC Meeting:**	**RUC Rec:**	**Specialty Society:**	**CPT Asst Status:**
	Emergent Procedures	January 2016	Refer to CPT Assistant and PE Subcommittee		Article Needed

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016.The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time.

24605 **Treatment of closed elbow dislocation; requiring anesthesia**	**Screen:**	**RUC Meeting:**	**RUC Rec:**	**Specialty Society:**	**CPT Asst Status:**
	Emergent Procedures	January 2016	Refer to CPT Assistant and PE Subcommittee		Article Needed

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016.The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
25565	**Closed treatment of radial and ulnar shaft fractures; with manipulation**	Emergent Procedures	January 2016	Refer to CPT Assistant and PE Subcommittee		Article Needed

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016.The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
25605	**Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation**	Emergent Procedures	January 2016	Refer to CPT Assistant and PE Subcommittee		Article Needed

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016.The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
25675	**Closed treatment of distal radioulnar dislocation with manipulation**	Emergent Procedures	January 2016	Refer to CPT Assistant and PE Subcommittee		Article Needed

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016.The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
26700	**Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia**	Emergent Procedures	January 2016	Refer to CPT Assistant and PE Subcommittee		Article Needed

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016.The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
26750	**Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each**	Emergent Procedures	January 2016	Refer to CPT Assistant and PE Subcommittee		Article Needed

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016.The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
26755	**Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each**	Emergent Procedures	January 2016	Refer to CPT Assistant and PE Subcommittee		Article Needed

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016.The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
26770	**Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia**	Emergent Procedures	January 2016	Refer to CPT Assistant and PE Subcommittee		Article Needed

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016.The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27230	**Closed treatment of femoral fracture, proximal end, neck; without manipulation**	Emergent Procedures	January 2016	Refer to CPT Assistant and PE Subcommittee		Article Needed

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016.The Workgroup had a robust discussion on these codes and determined that the 090 day global period is correct and an efficient bundling of the required services as well as share the same global period for all fracture care services. The Workgroup agreed with the specialty societies that the appropriate providers (emergency medicine and orthopaedic surgery) are reporting these services. The Workgroup noted that the emergency physicians are appropriately appending modifier -54. The specialty societies indicated that for these services that require anesthesia, it is unlikely that some of the specialties indicated in the Medicare utilization data actually perform the service under general anesthesia or regional block. The Workgroup agreed and recommends that the specialty societies develop a CPT Assistant article to reinforce correct coding and modifier use for all fracture codes and guidance on the meaning of “requiring anesthesia” and “with anesthesia” as it relates to restorative fracture care. The CPT Assistant article should also address the issue of restorative care for closed treatment without manipulation. The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
29582	**Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed**	New Technology/New Services	October 2015	Develop CPT Assistant Article		Article Needed

Background: This service was identified as New Technology/New Services and reviewed at the October 2015 RAW meeting. The Workgroup recommended that the specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).

RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
29583	**Application of multi-layer compression system; upper arm and forearm**	New Technology/New Services	October 2015	Develop CPT Assistant Article		Article Needed

Background: This service was identified as New Technology/New Services and reviewed at the October 2015 RAW meeting. The Workgroup recommended that the specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
29584	**Application of multi-layer compression system; upper arm, forearm, hand, and fingers**	New Technology/New Services	October 2015	Develop CPT Assistant Article		Article Needed

Background: This service was identified as New Technology/New Services and reviewed at the October 2015 RAW meeting. The Workgroup recommended that the specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
31500	**Intubation, endotracheal, emergency procedure**	CMS High Expenditure Procedural Codes2	January 2016	3.00 and Refer to CPT Assistant	ACEP, ASA	Article Needed

Background: In the NPRM for 2016 CMS re-ran the 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. In January 2016, the RUC discussed the unique patient population treated with CPT code 31500. The specialty described that typically the same physician will report this on the same day as a critical care code (>50% of the time) but that this will not impact critical care code reporting. The specialty explained that underlying medical issues which caused the need for a patient to receive the intubation of CPT code 31500 and communication with family around the care of these issues is categorized within critical care time but time spent on this intubation would not count toward the critical care time. Given that you need at least 30 minutes for proper coding of critical care for patients, the RUC recommends that the specialty societies develop a CPT Assistant article to clarify when to report this service. The article will help ensure providers understand the times for these two services do not overlap.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
33620	**Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)**	New Technology/New Services	January 2015	Refer to CPT Assistant	STS	Article Needed

Background: This service was flagged as New Techology/New Services and reviewed by the Relativity Assessment Workgroup in January 2015. The Workgroup recommended that the specialty sociceities should develop a CPT Assistant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
33621	**Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)**	New Technology/New Services	January 2015	Refer to CPT Assistant	STS	Article Needed

Background: This service was flagged as New Techology/New Services and reviewed by the Relativity Assessment Workgroup in January 2015. The Workgroup recommended that the specialty sociceities should develop a CPT Assistant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
33622	**Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)**	New Technology/New Services	January 2015	Refer to CPT Assistant	STS	Article Needed

Background: This service was flagged as New Techology/New Services and reviewed by the Relativity Assessment Workgroup in January 2015. The Workgroup recommended that the specialty sociceities should develop a CPT Assistant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
40650	**Repair lip, full thickness; vermilion only**	Emergent Procedures	January 2016	Refer to CPT Assistant and refer back to PE Subcommittee.		Article Needed

Background: In October 2015, the Emergent Procedures Workgroup identified 34 services that have 60 minutes pf pre-service clinical staff time in the facility-only setting. The Emergent Procedures Workgroup referred these issues to the RAW to review as potentially misvalued. Specialty societies should submit action plans addressing the appropriateness of site of service, global period, and dominiant specialty for these services. The RAW will review the action plans in January 2016. The Workgroup reviewed CPT code 40650 and recommended that a CPT Assistant be developed to reinforce the correct use of modifier -54 for this service if performed by the emergency medicine physician.
The Workgroup determined that the Practice Expense Subcommittee are revising codes clinical staff time in the facility-only setting pre-time from 60 minutes and implementing a standard change to 20 minutes. The Workgroup refers these 34 emergent procedure codes identified back to the PE Subcommittee to apply this new standard. The Workgroup noted that for these low volume services any additional aberrations will be identified in future screens if applicable and the Workgroup does not need to examine these services further at this time.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
52214	**Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands**	High Volume Growth1 / CPT Assistant Analysis	October 2015	Refer to CPT Assistant. 3.50.	AUA	Aug 2009

Background: RUC recommends CPT Assistant article; review again in 2 years; and review for PE. Sept 2011-RAW recommended resurvey for work and PE January 2012. In April 2015, the RAW reviewed services in which the RUC recommended that a CPT Assistant article be developed. The Workgroup requested that the specialty societies develop an action plan to answer whether it is appropriate to use more than 1 fulguration code per session, whether a parenthetical needed to ensure correct reporting of these services (52214-52240). In October 2015, the RUC recomemnded that the specialty societies to develop a CPT Assistant article to address cystourethroscopy with fulguration and include the bladder tumor resection codes. Public and private insurers do not follow the same reporting guidance for bladder tumor codes. Medicare advises that the largest size tumor code be reported no matter how many tumors were resected; however, commercial insurers do not follow Medicare's directives and may allow reporting of all tumors resected based on size of each tumor. RAW Review in 2017.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
52224	**Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy**	High Volume Growth1 / CPT Assistant Analysis	October 2015	Refer to CPT Assistant. 4.05.	AUA	Aug 2009

Background: RUC recommends CPT Assistant article; review again in 2 years; and review for PE. Sept 2011-RAW recommended resurvey for work and PE January 2012. In April 2015, the RAW reviewed services in which the RUC recommended that a CPT Assistant article be developed. The Workgroup requested that the specialty societies develop an action plan to answer whether it is appropriate to use more than 1 fulguration code per session, whether a parenthetical needed to ensure correct reporting of these services (52214-52240). In October 2015, the RUC recomemnded that the specialty societies to develop a CPT Assistant article to address cystourethroscopy with fulguration and include the bladder tumor resection codes. Public and private insurers do not follow the same reporting guidance for bladder tumor codes. Medicare advises that the largest size tumor code be reported no matter how many tumors were resected; however, commercial insurers do not follow Medicare's directives and may allow reporting of all tumors resected based on size of each tumor. RAW Review in 2017.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
52234	**Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)**	Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis	October 2015	Refer to CPT Assistant. 4.62	AUA	Article Needed

Background: Added as part of 52235 and 52353 family. In April 2015, the RAW reviewed services in which the RUC recommended that a CPT Assistant article be developed. The Workgroup requested that the specialty societies develop an action plan to answer whether it is appropriate to use more than 1 fulguration code per session, whether a parenthetical needed to ensure correct reporting of these services (52214-52240). In October 2015, the RUC recomemnded that the specialty societies to develop a CPT Assistant article to address cystourethroscopy with fulguration and include the bladder tumor resection codes. Public and private insurers do not follow the same reporting guidance for bladder tumor codes. Medicare advises that the largest size tumor code be reported no matter how many tumors were resected; however, commercial insurers do not follow Medicare's directives and may allow reporting of all tumors resected based on size of each tumor. RAW Review in 2017.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
52235	**Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)**	Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis	October 2015	Refer to CPT Assistant. 5.44	AUA	Article Needed

Background: Survey and specialties to identify other codes in the family during the LOI to avoid rank order anomalies. In April 2015, the RAW reviewed services in which the RUC recommended that a CPT Assistant article be developed. The Workgroup requested that the specialty societies develop an action plan to answer whether it is appropriate to use more than 1 fulguration code per session, whether a parenthetical needed to ensure correct reporting of these services (52214-52240). In October 2015, the RUC recomemnded that the specialty societies to develop a CPT Assistant article to address cystourethroscopy with fulguration and include the bladder tumor resection codes. Public and private insurers do not follow the same reporting guidance for bladder tumor codes. Medicare advises that the largest size tumor code be reported no matter how many tumors were resected; however, commercial insurers do not follow Medicare's directives and may allow reporting of all tumors resected based on size of each tumor. RAW Review in 2017.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
52240	**Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)**	Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis	October 2015	Refer to CPT Assistant. 8.75	AUA	Article Needed

Background: Added as part of 52235 and 52353 family. In April 2015, the RAW reviewed services in which the RUC recommended that a CPT Assistant article be developed. The Workgroup requested that the specialty societies develop an action plan to answer whether it is appropriate to use more than 1 fulguration code per session, whether a parenthetical needed to ensure correct reporting of these services (52214-52240). In October 2015, the RUC recomemnded that the specialty societies to develop a CPT Assistant article to address cystourethroscopy with fulguration and include the bladder tumor resection codes. Public and private insurers do not follow the same reporting guidance for bladder tumor codes. Medicare advises that the largest size tumor code be reported no matter how many tumors were resected; however, commercial insurers do not follow Medicare's directives and may allow reporting of all tumors resected based on size of each tumor. RAW Review in 2017.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
64555	**Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)**	High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015	April 2015	Refer to CPT. Develop CPT Assistant article.Review September 2017.	AANS/CNS, AAPMR, ASA, NASS	Article Needed

Background: Referral to CPT for deletion, clarification, or revision. This may also include the development of a CPT Assistant article or review of the impact of previous CPT Assistant articles on volume. Article published in August 2009. Sept 2011 - RAW recommends another CPT Assistant article to advise the correct reporting of PTNS and re-review in 3 years (Sept 2014). Additional article was not published. Sept 2014 - Develop CPT Assistant article to clarify the appropriate use of the code and stabilize its utilization. Review in 3 years (Sept 2017).A stakeholder raised questions regarding whether codes 64553 and 64555 included the appropriate direct PE inputs when furnished in the non-facility setting. It appears that these inputs have not been evaluated recently and therefore CMS are nominating these codes as potentially misvalued for the purpose of ascertaining whether or not there are non-facility direct PE inputs that are not included in the direct PE inputs that are typical supply costs for these services. Sept 2014-Review PE only January 2015. In the Final Rule for 2015 CMS requested that the work and PE be reviewed. The specialties indicated they will survey and present at the April 2015 meeting. The RUC discussed the confusion that survey respondents experienced valuing this service. The description only states the nerve that the neurostimulaor is implanted in, and most respondents completed the survey as if it is performed in the facility setting. The Medicare data conflicts with this site of service, reporting that 68% of the time this service is performed in the physician's office. In the Medicaid data it is even higher reporting that 92% of the time it is performed in the physician's office. Additionally the supplies and equipment may be different for the temporary and permanent implantation. The RUC recommends referring CPT code 64555 to the CPT Editorial Panel to better define this service, such as having one code to describe temporary or testing implantation and another code to describe permanent implantation. The RUC recognized that it needed to establish an interim value for 64555 until this service could be clarified by CPT. The RUC recommends maintaining the current work value of 2.32, as interim for CPT code 64555 and referral to the CPT Editorial Panel.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
767X1		Final Rule for 2015	October 2015	0.55 and refer to CPT Assistant	ACR, SIR, SVS	Article Needed

Background: When Medicare began paying for abdominal aortic aneurysm (AAA) ultrasound screening in CY 2007, CMS created HCPCS code G0389 and set the RVUs at the same level as CPT code 76775. CMS noted in the CY 2007 final rule with comment period that CPT code 76775 was used to report the service when furnished as a diagnostic test and that we believed the service reflected by G0389 used equivalent resources and work intensity to those contained in CPT code 76775. In the CY 2014 proposed rule, based on a RUC recommendation, we proposed to replace the ultrasound room included as a direct PE input for CPT code 76775 with a portable ultrasound unit. Since all the RVUs (including the PE RVUs) for G0389 were crosswalked from CPT code76775, the proposed PE RVUs for G0389 in the CY 2014 proposed rule were reduced significantly as a result of this change to the direct PE inputs for 76775. However, CMS did not discuss the applicability of this change to G0389 in the proposed rule's preamble and did not receive any comments on G0389 in response to the proposed rule. CMS finalized the change to CPT code 76775 in the CY 2014 final rule with comment period and the corresponding PE RVUs for G0389 were also reduced. Subsequent to the publication of the CY 2014 final rule, a stakeholder suggested that the reduction in the RVUs for G0389 did not accurately reflect the resources involved in furnishing the service and asked that CMS consider using an alternative crosswalk. Specifically, the stakeholder stated that the type of equipment typically used in furnishing G0389 is different than that used for CPT code 76775, the time involved in furnishing G0389 is greater than that of CPT code 76775, and the specialty that typically furnishes G0389 is different than the one that typically furnishes CPT code 76775. The stakeholder suggested an alternative crosswalk of CPT code 76705. after considering the issue, CMS are proposing G0389 as a potentially misvalued code and seeking recommendations regarding the appropriate inputs that should be used to develop RVUs for this code. CMS has not reviewed the inputs used to develop RVUs for this code since it was established in CY 2007 and the RVUs were directly crosswalked from 76705. Based on the issues raised by stakeholders, CMS believes that it should value this code through the standard methodologies, including the full PE RVU methodology. In order to do so, CMS are proposing to include this code on our list of proposed potentially misvalued codes and seek input from the public and other stakeholders, including the RUC, regarding the appropriate work RVU, time, and direct PE inputs that reflect the typical resources involved in furnishing the service. In September 2014 the RUC refered G0389 to CPT to transition this code to a Category I code for the 2016 cycle. In October 2015, the RUC raised concerns that the practice expense recommendation was prepared by specialty societies that are not the dominant provider of this service according to Medicare claims data. The presenters explained that this is likely due to increased use of G code G0389 for a handheld device, which is not the intended use of the CPT code that is currently used as a crosswalk for the G code. The presenters explained and the RUC agreed that this is likely an issue of miscoding. The RUC recommends that the specialty develop a CPT Assistant article to clarify appropriate use of the new CPT code 767X1 that will replace the G code G0389.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
76881	**Ultrasound, extremity, nonvascular, real-time with image documentation; complete**	CMS Fastest Growing / New Technology/New Services	January 2015	Refer to CPT Assistant. 0.72	AAPMR, APMA, ACR	Clinical Examples of Radiology Winter 2011

Background: In February 2010, the CPT Editorial Panel created this code after deleting 76880. April 2010, the RUC recommended a CPT Assistant article be written to ensure the proper reporting of these two services. It was noted by the RUC that these services should not typically be reported more than once per day. RUC recommended 0.72. This service was flagged as New Techology/New Services and reviewed by the Relativity Assessment Workgroup in January 2015. The Workgroup recommended that the specialty societies develop a CPT Assistant article to define the proper coding of extremity ultrasound, particularly as it applies to the elements necessary to report a complete study. RAW to review in October 2016 after two years of additional Medicare utilization data.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
76882	**Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific**	CMS Fastest Growing / New Technology/New Services	January 2015	Refer to CPT Assistant. 0.50	AAPMR, APMA, ACR	Clinical Examples of Radiology Summer and Winter 2011

Background: In February 2010, the CPT Editorial Panel created this code after deleting 76880. April 2010, the RUC recommended a CPT Assistant article be written to ensure the proper reporting of these two services. It was noted by the RUC that these services should not typically be reported more than once per day. This service was flagged as New Techology/New Services and reviewed by the Relativity Assessment Workgroup in January 2015. The Workgroup recommended that the specialty societies develop a CPT Assistant article to define the proper coding of extremity ultrasound, particularly as it applies to the elements necessary to report a complete study. RAW to review in October 2016 after two years of additional Medicare utilization data.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
78070	**Parathyroid planar imaging (including subtraction, when performed);**	Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review	January 2016	0.80. Refer to CPT Assistant and review 2 years after article is published.	ACR, ACNM, SNM	Article Needed

Background: In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be postponed and reviewed in 2 years after the CPT Assistant article is published.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
78071	**Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)**	Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review	January 2016	1.20. Refer to CPT Assistant and review 2 years after article is published.	ACR, ACNM, SNM	Article Needed

Background: In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be postponed and reviewed in 2 years after the CPT Assistant article is published.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
78072	**Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization**	Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review	January 2016	1.60. Refer to CPT Assistant and review 2 years after article is published.	ACR, ACNM, SNM	Article Needed

Background: In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be postponed and reviewed in 2 years after the CPT Assistant article is published.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
78265	**Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit**	New code for CPT 2016.	April 2015	Refer to CPT Assistant		Article Needed

Background: The RUC refers CPT codes 78265 and 78266 to CPT Assistant to provide coding guidance on when it is appropriate to report these services as opposed to only a 78264 gastric emptying imaging study. Examples of possible criteria mentioned during the RUC meeting were for the article to state that the entire small bowel would need to be imaged in order to report 78265 and that 2 isotopes should have been used in order to report 78265 (which is not always the case for 78264).

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
78266	**Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days**	New code for CPT 2016.	April 2015	Refer to CPT Assistant		Article Needed

Background: The RUC refers CPT codes 78265 and 78266 to CPT Assistant to provide coding guidance on when it is appropriate to report these services as opposed to only a 78264 gastric emptying imaging study. Examples of possible criteria mentioned during the RUC meeting were for the article to state that the entire small bowel would need to be imaged in order to report 78265 and that 2 isotopes should have been used in order to report 78265 (which is not always the case for 78264).

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
78803	**Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)**	CPT 2013 Utilization Review	January 2016	Refer to CPT Assistant.		Article Needed

Background: In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be postponed and reviewed in 2 years after the CPT Assistant article is published.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
95970	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming**	Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3	January 2016	Refer to CPT May 2016	AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR	Article Needed

Background: This code was identified as part of the family of services of 95971 for review in April 2010 Five-Year Review Workgroup meeting. April 2010, refer to CPT Editorial panel to address neurostimulator programming for incontinence as a separate new code. In addition, the Committee may wish to consider the number of channels as a determinant of code clarification between 95971/95972 rather than simple and complex. Feb 2011 CPT, editorial revision to include the term "pulse" duration. In the NPRM for 2016 CPT codes 95971-95973 were noted as recently reviewed for CY 2015. Due to significant time changes in the base codes, CMS requests that the entire family should be considered as potentially misvalued and reviewed in a manner consistent with review of CPT codes 95971, 95972 and 95973. The RUC will add CPT codes 95970 and 95974-95982 to the list of potentially misvalued services to survey for January 2016 In October 2015, this service was also identified under the High Volume screen for services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. CPT codes 95971-95973 were recently reviewed for CY 2015. Due to significant time changes in the base codes, CMS requests that the entire family should be considered as potentially misvalued and reviewed in a manner consistent with review of CPT codes 95971, 95972 and 95973. The RUC will add CPT codes 95970 and 95974-95982 to the list of potentially misvalued services to review. In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered “changed” as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision.

95974 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour**

Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
CMS Request - Final Rule for 2016	January 2016	Refer to CPT May 2016	AAN	Article Needed

Background: CPT codes 95971-95973 were recently reviewed for CY 2015. Due to significant time changes in the base codes, CMS requests that the entire family should be considered as potentially misvalued and reviewed in a manner consistent with review of CPT codes 95971, 95972 and 95973. The RUC will add CPT codes 95970 and 95974-95982 to the list of potentially misvalued services to review. In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision.

95975 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
CMS Request - Final Rule for 2016	January 2016	Refer to CPT May 2016	AAN	Article Needed

Background: CPT codes 95971-95973 were recently reviewed for CY 2015. Due to significant time changes in the base codes, CMS requests that the entire family should be considered as potentially misvalued and reviewed in a manner consistent with review of CPT codes 95971, 95972 and 95973. The RUC will add CPT codes 95970 and 95974-95982 to the list of potentially misvalued services to review. In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision.

95978 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour**

Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
CMS Request - Final Rule for 2016	January 2016	Refer to CPT May 2016	AAN	Article Needed

Background: CPT codes 95971-95973 were recently reviewed for CY 2015. Due to significant time changes in the base codes, CMS requests that the entire family should be considered as potentially misvalued and reviewed in a manner consistent with review of CPT codes 95971, 95972 and 95973. The RUC will add CPT codes 95970 and 95974-95982 to the list of potentially misvalued services to review. In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
95979	**Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**	CMS Request - Final Rule for 2016	January 2016	Refer to CPT May 2016	AAN	Article Needed

Background: CPT codes 95971-95973 were recently reviewed for CY 2015. Due to significant time changes in the base codes, CMS requests that the entire family should be considered as potentially misvalued and reviewed in a manner consistent with review of CPT codes 95971, 95972 and 95973. The RUC will add CPT codes 95970 and 95974-95982 to the list of potentially misvalued services to review. In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
96920	**Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm**	CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3	October 2015	Refer to CPT Assistant. 1.15.	AAD	Jun 2012 (May 2013?)

Background: The Workgroup agreed that 96920, 96921, 96922 should be assessed again in two years. Sept 2011-resurvey for January 2012 and develop CPT Assistant article to address the incorrect reporting when using handheld devices. Article published June 2012. In April 2015, the RAW reviewed services in which the RUC recommended that a CPT Assistant article be developed. The Workgroup requested that the specialty societies develop an action plan to address the increase in utilization and effectiveness of CPT Assistant article. In October 2017 the RUC recommended that the specialty societies develop a CPT Assistant article to ensure the codes are being used correctly. The May 2013 article was limited to a question of treating a scar using the laser codes 96920-96922, stating that would not be appropriate, and that 96999, Unlisted special dermatological service or procedure, should be used instead. A comprehensive article, with examples, on the use of the use of the three laser codes is needed. Review again in 2017 after article has taken effect. The RUC noted that this service was also identified under the high volume growth screen. The RUC noted to review the growth as well in 2017.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
96921	**Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm**	High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3	October 2015	Refer to CPT Assistant. 1.30	AAD	Jun 2012 (May 2013?)

Background: The Workgroup agreed that 96920, 96921, 96922 should be assessed again in two years. Sept 2011-resurvey for January 2012 and develop CPT Assistant article to address the incorrect reporting when using handheld devices. Article published June 2012. In April 2015, the RAW reviewed services in which the RUC recommended that a CPT Assistant article be developed. The Workgroup requested that the specialty societies develop an action plan to address the increase in utilization and effectiveness of CPT Assistant article. In October 2017 the RUC recommended that the specialty societies develop a CPT Assistant article to ensure the codes are being used correctly. The May 2013 article was limited to a question of treating a scar using the laser codes 96920-96922, stating that would not be appropriate, and that 96999, Unlisted special dermatological service or procedure, should be used instead. A comprehensive article, with examples, on the use of the use of the three laser codes is needed. Review again in 2017 after article has taken effect.The RUC noted that this service was aslo identified under the high volume growth screen. The RUC noted to review the growth as well in 2017.

RUC Recommendations to Develop CPT Assistant Articles - Incomplete Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
96922	**Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm**	High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis	October 2015	Refer to CPT Assistant. 2.10.	AAD	Jun 2012 (May 2013?)

Background: The Workgroup agreed that 96920, 96921, 96922 should be assessed again in two years. Sept 2011-resurvey for January 2012 and develop CPT Assistant article to address the incorrect reporting when using handheld devices. Article published June 2012. In April 2015, the RAW reviewed services in which the RUC recommended that a CPT Assistant article be developed. The Workgroup requested that the specialty societies develop an action plan to address the increase in utilization and effectiveness of CPT Assistant article. In October 2017 the RUC recommended that the specialty societies develop a CPT Assistant article to ensure the codes are being used correctly. The May 2013 article was limited to a question of treating a scar using the laser codes 96920-96922, stating that would not be appropriate, and that 96999, Unlisted special dermatological service or procedure, should be used instead. A comprehensive article, with examples, on the use of the use of the three laser codes is needed. Review again in 2017 after article has taken effect.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
G0389	**Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening**	Final Rule for 2015	October 2015	Refer to CPT Assistant.	ACC, ACP, ACR, SCAI, SVS	Article Needed

Background: When Medicare began paying for abdominal aortic aneurysm (AAA) ultrasound screening in CY 2007, CMS created HCPCS code G0389 and set the RVUs at the same level as CPT code 76775. CMS noted in the CY 2007 final rule with comment period that CPT code 76775 was used to report the service when furnished as a diagnostic test and that we believed the service reflected by G0389 used equivalent resources and work intensity to those contained in CPT code 76775. In the CY 2014 proposed rule, based on a RUC recommendation, we proposed to replace the ultrasound room included as a direct PE input for CPT code 76775 with a portable ultrasound unit. Since all the RVUs (including the PE RVUs) for G0389 were crosswalked from CPT code76775, the proposed PE RVUs for G0389 in the CY 2014 proposed rule were reduced significantly as a result of this change to the direct PE inputs for 76775. However, CMS did not discuss the applicability of this change to G0389 in the proposed rule's preamble and did not receive any comments on G0389 in response to the proposed rule. CMS finalized the change to CPT code 76775 in the CY 2014 final rule with comment period and the corresponding PE RVUs for G0389 were also reduced. Subsequent to the publication of the CY 2014 final rule, a stakeholder suggested that the reduction in the RVUs for G0389 did not accurately reflect the resources involved in furnishing the service and asked that CMS consider using an alternative crosswalk. Specifically, the stakeholder stated that the type of equipment typically used in furnishing G0389 is different than that used for CPT code 76775, the time involved in furnishing G0389 is greater than that of CPT code 76775, and the specialty that typically furnishes G0389 is different than the one that typically furnishes CPT code 76775. The stakeholder suggested an alternative crosswalk of CPT code 76705. after considering the issue, CMS are proposing G0389 as a potentially misvalued code and seeking recommendations regarding the appropriate inputs that should be used to develop RVUs for this code. CMS has not reviewed the inputs used to develop RVUs for this code since it was established in CY 2007 and the RVUs were directly crosswalked from 76705. Based on the issues raised by stakeholders, CMS believes that it should value this code through the standard methodologies, including the full PE RVU methodology. In order to do so, CMS are proposing to include this code on our list of proposed potentially misvalued codes and seek input from the public and other stakeholders, including the RUC, regarding the appropriate work RVU, time, and direct PE inputs that reflect the typical resources involved in furnishing the service. In September 2014 the RUC refered G0389 to CPT to transition this code to a Category I code for the 2016 cycle. In October 2015, the RUC raised concerns that the practice expense recommendation was prepared by specialty societies that are not the dominant provider of this service according to Medicare claims data. The presenters explained that this is likely due to increased use of G code G0389 for a handheld device, which is not the intended use of the CPT code that is currently used as a crosswalk for the G code. The presenters explained and the RUC agreed that this is likely an issue of miscoding. The RUC recommends that the specialty develop a CPT Assistant article to clarify appropriate use of the new CPT code 767X1 that will replace the G code G0389.

New Technology/New Services List

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0318T		Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	October 2015	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr 2006	Fibroadenoma Cryoablation	11	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Apr 2014	Cryoablation Treatment of the Bone Tumors	04	CPT 2015	September 2018		☐
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	☑
20986		Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
20987		Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	September 2018		☐
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	September 2018		☐
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	September 2018		☐
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	September 2018		☐
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
228X0		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	September 2020		☐
228X4		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	September 2020		☐
228X5		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	September 2020		☐
228XX		Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	September 2020		☐
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	September 2018		☐
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	September 2019		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017)	☐
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
29582	Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).	☐
29583	Application of multi-layer compression system; upper arm and forearm	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).	☐
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018).	☐
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Due to rapid growth in service volume, review after 2 more years of Medicare utilization data (2014 and 2015 data), October 2016.	☐
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Due to rapid growth in service volume, review after 2 more years of Medicare utilization data (2014 and 2015 data), October 2016.	☐
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Due to rapid growth in service volume, review after 2 more years of Medicare utilization data (2014 and 2015 data), October 2016.	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	September 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	☑
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Feb 2010	Bronchoscopy with Balloon Occlusion	7	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	September 2016		☐
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	September 2016		☐
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	September 2016		☐
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	September 2016		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	September 2019		☐
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	September 2019		☐
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	September 2019		☐
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	Apr 2006	Percutaneous RF Pulmonary Tumor Ablation	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
33271	Insertion of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33272	Removal of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 2016		☐
333X3		Jan 2016	Closure Left Atrial Appendage with Endocardial Implant	10	CPT 2017	September 2020		☐
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	September 2018		☐
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	September 2018		☐
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Jan 2015	Transcatheter Pulmonary Valve Implantation	06	CPT 2016	September 2019		☐
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	October 2016	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	October 2016	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☐
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	October 2016	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☐
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	September 2018		☐
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	September 2018		☐
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	September 2018		☐
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	September 2018		☐
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	September 2018		☐
364X1		Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	September 2020		☐
364X2		Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	September 2020		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	Jan 2012	Stereotactic Body Radiation	07	CPT 2013	September 2016		☐
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Apr 2014	Transcatheter Placement of Carotid Stents	12	CPT 2015	September 2018		☐
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	Apr 2010	Sentinel Lymph Node Mapping	8	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	Jan 2014	Endoscopic Hypopharyngeal Diverticulotomy	7	CPT 2015	September 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Apr 2015	Esophagogatric Fundoplasty Trans-Oral Approach	05	CPT 2016	September 2019		☐
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy-Pancreatoscopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	☑
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
432X1		Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	September 2020		☐
432X2		Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	September 2020		☐
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	☑
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	September 2016		☐
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Apr 2014	High Resolution Anoscopy	14	CPT 2015	September 2018		☐
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Apr 2014	High Resolution Anoscopy	14	CPT 2015	September 2018		☐
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	September 2018		☐
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		☐
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		☐
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		☐
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		☐
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		☐
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	A	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		☐
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		☐
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		☐
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		☐
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	September 2019		☐
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	September 2018		☐
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	September 2018		☐
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014	Survey for April 2015. Specialty society should consider surveying 55845 and 55866 at the same time.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Apr 2007	Laparoscopic Paravaginal Defect Repair	C	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
585X1		Jan 2016	Laparoscopic Radiofrequency Ablation of Uterine Fibroids	18	CPT 2017	September 2020		☐
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	September 2019		☐
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	September 2019		☐
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	September 2019		☐
630X1		Jan 2016	Endoscopic Decompression of Spinal Cord Nerve	19	CPT 2017	September 2020		☐
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	September 2019	Surveyed for April 2015, RUC recommended to review utilization again in 2 years (September 2019).	☑
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
65756	Keratoplasty (corneal transplant); endothelial	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated. Though volume grew faster than expected, there was a decrease in other services of similar magnitude, that were previously reported and had similar work RVUs. All remained work neutral.	☑
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated.	☑
65778	Placement of amniotic membrane on the ocular surface; without sutures	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	☑
65785	Implantation of intrastromal corneal ring segments	Jan 2015	Intrastomal Corneal Ring Implantation	11	CPT 2016	September 2019		☐
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	September 2019	Review utilization in 3 years (Sept 2019) and flag in the RUC database not to use to validate physician work.	☐
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	September 2019	Review utilization in 3 years (Sept 2019) and flag in the RUC database not to use to validate physician work.	☐
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	September 2017		☐
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Apr 2007	Nasolacrimal Duct Balloon Catheter Dilation	E	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	☑
75558		Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75560		Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75560.	☑
75562		Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75564		Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2016	Develop CPT Assistant article to define the proper coding of extremity ultrasound, particularly as it applies to the elements necessary to report a complete study. Review October 2016 after 2 years of additional Medicare utilization data.	☐
76882	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2016	Develop CPT Assistant article to define the proper coding of extremity ultrasound, particularly as it applies to the elements necessary to report a complete study. Review October 2016 after 2 years of additional Medicare utilization data.	☐
77061	Digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	September 2018		☐
77061	Digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	September 2018		☐
77062	Digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	September 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	September 2018		☐
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Jan 2013	Respiratory Motion Management Simulation	14	CPT 2014	September 2017		☐
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Practice expense review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Survey (work) and PE review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Feb 2011	Stereotactic Body Radiation Delivery	32	CPT 2012	October 2015	Practice expense review (Feb 2011).	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	Apr 2012	Parathyroid Imaging	23	CPT 2013	September 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be	

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							postponed and reviewed in 2 years after the CPT Assistant article is published.	

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	September 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	☐

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							postponed and reviewed in 2 years after the CPT Assistant article is published.	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Apr 2015	Colon Transit Imaging	18	CPT 2016	September 2019		☐
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Apr 2015	Colon Transit Imaging	18	CPT 2016	September 2019		☐
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78813	Positron emission tomography (PET) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	September 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	September 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), IVS14+1G>A variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR1 (fibroblast growth factor receptor 1) (eg, Pfeiffer syndrome type 1, craniosynostosis), P252R variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant FKTN (fukutin) (eg, Fukuyama congenital muscular dystrophy), retrotransposon insertion variant GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), M712T variant Human Platelet Antigen 1 genotyping	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-1a/b (L33P) Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-2a/b (T145M) Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-3a/b (I843S) Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-4a/b (R143Q) Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-5a/b (K505E) Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-6a/b (R489Q) Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-9a/b (V837M) Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), HPA-15a/b (S682Y) IL28B (interleukin 28B [interferon, lambda 3]) (eg, drug response), rs12979860 variant IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), A282V variant LCT (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 C>T variant NEB							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), R245X variant SERPINE1 (serpine peptidase inhibitor clade E, member 1, plasminogen activator inhibitor -1, PAI-1) (eg, thrombophilia), 4G variant SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), S2G variant SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), V174A variant SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), exon 7 deletion SRY (sex determining region Y) (eg, 46,XX testicular disorder of sex development, gonadal dysgenesis), gene analysis TOR1A (torsin family 1, member A [torsin A]) (eg, early-onset primary dystonia [DYT1]), 907_909delGAG (904_906delGAG) variant							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]), evaluation to detect abnormal (eg, expanded) alleles APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), characterization of alleles (eg, expanded size or methylation status) ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy), evaluation to detect abnormal (eg, expanded) alleles ATXN1 (ataxin 1) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN2 (ataxin 2) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease), evaluation to detect abnormal (eg, expanded) alleles ATXN7 (ataxin 7) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles ATXN10 (ataxin 10) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, I278T, G307S) CCND1/IGH (BCL1/IgH, t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative, and quantitative, if performed CFH/ARMS2 (complement factor H/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, Y402H [CFH], A69S [ARMS2]) CNBP (CCHC-type zinc finger, nucleic acid binding protein) (eg, myotonic dystrophy type 2), evaluation to detect abnormal (eg, expanded) alleles CSTB (cystatin B [stefin B]) (eg, Unverricht-Lundborg disease), evaluation to detect abnormal (eg, expanded) alleles CYP3A4 (cytochrome P450, family 3, subfamily A, polypeptide 4) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) CYP3A5 (cytochrome P450, family 3, subfamily A, polypeptide 5) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6) DEK/NUP214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy, type 1), evaluation to detect abnormal (eg, expanded) alleles E2A/PBX1 (t(1;19)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EML4/ALK (inv(2)) (eg, non-small cell lung cancer), translocation or inversion analysis ETV6/NTRK3 (t(12;15)) (eg, congenital/infantile fibrosarcoma), translocation analysis, qualitative,							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	and quantitative, if performed ETV6/RUNX1 (t(12;21)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EWSR1/ATF1 (t(12;22)) (eg, clear cell sarcoma), translocation analysis, qualitative, and quantitative, if performed EWSR1/ERG (t(21;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/FLI1 (t(11;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/WT1 (t(11;22)) (eg, desmoplastic small round cell tumor), translocation analysis, qualitative, and quantitative, if performed F11 (coagulation factor XI) (eg, coagulation disorder), common variants (eg, E117X [Type II], F283L [Type III], IVS14del14, and IVS14+1G>A [Type I]) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), common variants (eg, 1138G>A, 1138G>C, 1620C>A, 1620C>G) FIP1L1/PDGFRA (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed FLG (filaggrin) (eg, icthyosis vulgaris), common variants (eg, R501X, 2282del4, R2447X, S3247X, 3702delG) FOXO1/PAX3 (t(2;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FOXO1/PAX7 (t(1;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FUS/DDIT3 (t(12;16)) (eg, myxoid liposarcoma), translocation analysis, qualitative, and quantitative, if performed FXN (frataxin) (eg, Friedreich ataxia), evaluation to detect abnormal (expanded) alleles GALC (galactosylceramidase) (eg, Krabbe disease), common variants (eg, c.857G>A, 30-kb deletion) GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-							

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	2A>G, P171S, del5kb, N314D, L218L/N314D) H19 (imprinted maternally expressed transcript [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis HBB (hemoglobin, beta) (eg, sickle cell anemia, hemoglobin C, hemoglobin E), common variants (eg, HbS, HbC, HbE) HTT (huntingtin) (eg, Huntington disease), evaluation to detect abnormal (eg, expanded) alleles IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eg, major breakpoint region [MBR] or minor cluster region [mcr]), qualitative or quantitative (When both MBR and mcr breakpoints are performed, use 81402) KCNQ1OT1 (KCNQ1 overlapping transcript 1 [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), common variants (eg, R1441G, G2019S, I2020T) MED12 (mediator complex subunit 12) (eg, FG syndrome type 1, Lujan syndrome), common variants (eg, R961W, N1007S) MEG3/DLK1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [Drosophila]) (eg, intrauterine growth retardation), methylation analysis MLL/AFF1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed MLL/MLLT3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed MT-ATP6 (mitochondrially encoded ATP synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [NARP], Leigh syndrome), common variants (eg, m.8993T>G, m.8993T>C) MT-ND4, MT-ND6 (mitochondrially encoded NADH dehydrogenase 4, mitochondrially encoded NADH dehydrogenase 6) (eg, Leber hereditary optic neuropathy [LHON]), common variants (eg, m.11778G>A, m.3460G>A, m.14484T>C) MT-ND5 (mitochondrially encoded tRNA leucine 1 [UUA/G], mitochondrially encoded NADH dehydrogenase 5) (eg, mitochondrial							

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	encephalopathy with lactic acidosis and stroke-like episodes [MELAS]), common variants (eg, m.3243A>G, m.3271T>C, m.3252A>G, m.13513G>A) MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), common variants (eg, m.1555A>G, m.1494C>T) MT-TK (mitochondrially encoded tRNA lysine) (eg, myoclonic epilepsy with ragged-red fibers [MERRF]), common variants (eg, m.8344A>G, m.8356T>C) MT-TL1 (mitochondrially encoded tRNA leucine 1 [UUA/G]) (eg, diabetes and hearing loss), common variants (eg, m.3243A>G, m.14709 T>C) MT-TL1 MT-TS1, MT-RNR1 (mitochondrially encoded tRNA serine 1 [UCN], mitochondrially encoded 12S RNA) (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445A>G, m.1555A>G) MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), common variants (eg, Y165C, G382D) NOD2 (nucleotide-binding oligomerization domain containing 2) (eg, Crohn's disease, Blau syndrome), common variants (eg, SNP 8, SNP 12, SNP 13) NPM1/ALK (t(2;5)) (eg, anaplastic large cell lymphoma), translocation analysis PABPN1 (poly[A] binding protein, nuclear 1) (eg, oculopharyngeal muscular dystrophy), evaluation to detect abnormal (eg, expanded) alleles PAX8/PPARG (t(2;3) (q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis PPP2R2B (protein phosphatase 2, regulatory subunit B, beta) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), common variants (eg, N29I, A16V, R122H) PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), common variants (eg, R50X, G205S) RUNX1/RUNX1T1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed SEPT9 (septin 9) (eg, colon cancer), methylation analysis							

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	SMN1/SMN2 (survival of motor neuron 1, telomeric/survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy), dosage analysis (eg, carrier testing) (For duplication/deletion analysis of SMN1/SMN2, use 81401) SS18/SSX1 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed SS18/SSX2 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed TBP (TATA box binding protein) (eg, spinocerebellar ataxia), evaluation to detect abnormal (eg, expanded) alleles TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), common variants (eg, *2, *3) TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), tandem repeat variant VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), common variants (eg, T791M, R816W, R854Q)							

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81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer) IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), common variants (eg, W515A, W515K, W515L, W515R) TRD@ (T cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-Willi/Angelman syndrome), short tandem repeat (STR) analysis	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A F12 (coagulation factor XII [Hageman factor]) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) HBB (hemoglobin, beta, beta-globin) (eg, beta thalassemia), duplication/deletion analysis Human erythrocyte antigen gene analyses (eg,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	SLC14A1 [Kidd blood group], BCAM [Lutheran blood group], ICAM4 [Landsteiner-Wiener blood group], SLC4A1 [Diego blood group], AQP1 [Colton blood group], ERMAP [Scianna blood group], RHCE [Rh blood group, CcEe antigens], KEL [Kell blood group], DARC [Duffy blood group], GYPA, GYPB, GYPE [MNS blood group], ART4 [Dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), exon 2 sequence IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common exon 4 variants (eg, R132H, R132C) IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common exon 4 variants (eg, R140W, R172M) JAK2 (Janus kinase 2) (eg, myeloproliferative disorder), exon 12 sequence and exon 13 sequence, if performed KCNC3 (potassium voltage-gated channel, Shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) KCNJ2 (potassium inwardly-rectifying channel, subfamily J, member 2) (eg, Andersen-Tawil syndrome), full gene sequence KCNJ11 (potassium inwardly-rectifying channel, subfamily J, member 11) (eg, familial hyperinsulinism), full gene sequence Killer cell immunoglobulin-like receptor (KIR) gene family (eg, hematopoietic stem cell transplantation), genotyping of KIR family genes Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, DNA sequence analysis, each variant exon (For a known familial variant that is considered a common variant, use specific common variant Tier 1 or Tier 2 code) MC4R (melanocortin 4 receptor) (eg, obesity), full gene sequence MICA (MHC class I polypeptide-related sequence A) (eg, solid organ transplantation), common variants (eg, *001, *002) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg,							

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	myeloproliferative disorder), exon 10 sequence MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene sequence MT-TS1 (mitochondrially encoded tRNA serine 1) (eg, nonsyndromic hearing loss), full gene sequence NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), duplication/deletion analysis NHLRC1 (NHL repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis PLN (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene) RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal DNA in maternal blood (For human erythrocyte gene analysis of RHD, use a separate unit of 81403) SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), duplication/deletion analysis SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), known familial sequence variant(s) TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), duplication/deletion analysis UBA1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, X-linked), targeted sequence analysis (eg, exon 15) VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)							

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81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]), characterization of alleles (eg, expanded size and methylation status) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), full gene sequence AVPR2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence BBS10 (Bardet-Biedl syndrome 10) (eg, Bardet-Biedl syndrome), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence C10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial DNA depletion syndrome), full gene sequence CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence CD40LG (CD40 ligand) (eg, X-linked hyper IgM syndrome), full gene sequence CDKN2A (cyclin-dependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence CLRN1 (clarin 1) (eg, Usher syndrome, type 3), full gene sequence COX6B1 (cytochrome c oxidase subunit VIb polypeptide 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), full gene sequence CRX (cone-rod homeobox) (eg, cone-rod dystrophy 2, Leber congenital amaurosis), full	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	gene sequence CSTB (cystatin B [stefin B]) (eg, Unverricht-Lundborg disease), full gene sequence CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence DMPK (dystrophia myotonica-protein kinase) (eg, myotonic dystrophy type 1), characterization of abnormal (eg, expanded) alleles EGR2 (early growth response 2) (eg, Charcot-Marie-Tooth), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), duplication/deletion analysis EPM2A (epilepsy, progressive myoclonus type 2A, Lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence FGF23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets), full gene sequence FGFR2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, Apert syndrome, Crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) FHL1 (four and a half LIM domains 1) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence FKRP (fukutin related protein) (eg, congenital muscular dystrophy type 1C [MDC1C], limb-girdle muscular dystrophy [LGMD] type 2I), full gene sequence FOXG1 (forkhead box G1) (eg, Rett syndrome), full gene sequence FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4A and 4B haplotypes) FXN (frataxin) (eg, Friedreich ataxia), full gene sequence GH1 (growth hormone 1) (eg, growth hormone deficiency), full gene sequence GP1BB (glycoprotein Ib [platelet], beta polypeptide) (eg, Bernard-Soulier syndrome type B), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha							

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	globin 2) (eg, alpha thalassemia), duplication/deletion analysis (For common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) HBB (hemoglobin, beta, Beta-Globin) (eg, thalassemia), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), full gene sequence HSD3B2 (hydroxy-delta-5-steroid dehydrogenase, 3 beta- and steroid delta-isomerase 2) (eg, 3-beta-hydroxysteroid dehydrogenase type II deficiency), full gene sequence HSD11B2 (hydroxysteroid [11-beta] dehydrogenase 2) (eg, mineralocorticoid excess syndrome), full gene sequence HSPB1 (heat shock 27kDa protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence INS (insulin) (eg, diabetes mellitus), full gene sequence KCNJ1 (potassium inwardly-rectifying channel, subfamily J, member 1) (eg, Bartter syndrome), full gene sequence KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10) (eg, SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence LITAF (lipopolysaccharide-induced TNF factor) (eg, Charcot-Marie-Tooth), full gene sequence MEFV (Mediterranean fever) (eg, familial Mediterranean fever), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), duplication/deletion analysis MMACHC (methylmalonic aciduria [cobalamin deficiency] cblC type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), duplication/deletion analysis NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), full gene sequence NDUFA1 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence							

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	NDUFAF2 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS4 (NADH dehydrogenase [ubiquinone] Fe-S protein 4, 18kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NIPA1 (non-imprinted in Prader-Willi/Angelman syndrome 1) (eg, spastic paraplegia), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), duplication/deletion analysis NPC2 (Niemann-Pick disease, type C2 [epididymal secretory protein E1]) (eg, Niemann-Pick disease type C2), full gene sequence NR0B1 (nuclear receptor subfamily 0, group B, member 1) (eg, congenital adrenal hypoplasia), full gene sequence PDX1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene sequence PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal cancer), targeted sequence analysis (eg, exons 9 and 20) PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), duplication/deletion analysis PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), duplication/deletion analysis PRNP (prion protein) (eg, genetic prion disease), full gene sequence PROP1 (PROP paired-like homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence PRPH2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene sequence PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2B and familial medullary thyroid carcinoma),							

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	common variants (eg, M918T, 2647_2648delinsTT, A883F) RHO (rhodopsin) (eg, retinitis pigmentosa), full gene sequence RP1 (retinitis pigmentosa 1) (eg, retinitis pigmentosa), full gene sequence SCN1B (sodium channel, voltage-gated, type I, beta) (eg, Brugada syndrome), full gene sequence SCO2 (SCO cytochrome oxidase deficient homolog 2 [SCO1L]) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), duplication/deletion analysis SDHD (succinate dehydrogenase complex, subunit D, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), duplication/deletion analysis SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), duplication/deletion analysis SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), duplication/deletion analysis SLC25A4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence SOD1 (superoxide dismutase 1, soluble) (eg, amyotrophic lateral sclerosis), full gene sequence SPINK1 (serine peptidase inhibitor, Kazal type 1) (eg, hereditary pancreatitis), full gene sequence STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), duplication/deletion analysis TACO1 (translational activator of mitochondrial encoded cytochrome c oxidase I) (eg, mitochondrial							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	respiratory chain complex IV deficiency), full gene sequence THAP1 (THAP domain containing, apoptosis associated protein 1) (eg, torsion dystonia), full gene sequence TOR1A (torsin family 1, member A [torsin A]) (eg, torsion dystonia), full gene sequence TP53 (tumor protein 53) (eg, tumor samples), targeted sequence analysis of 2-5 exons TTPA (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence TTR (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), full gene sequence TYR (tyrosinase [oculocutaneous albinism IA]) (eg, oculocutaneous albinism IA), full gene sequence USH1G (Usher syndrome 1G [autosomal recessive]) (eg, Usher syndrome, type 1), full gene sequence VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 1C), targeted sequence analysis (eg, exons 26, 27, 37) ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), duplication/deletion analysis ZNF41 (zinc finger protein 41) (eg, X-linked mental retardation 89), full gene sequence							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTA2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ANKRD1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence AR (androgen receptor) (eg, androgen insensitivity syndrome), full gene sequence ARSA (arylsulfatase A) (eg, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), full gene sequence BCS1L (BCS1-like [S. cerevisiae]) (eg, Leigh syndrome, mitochondrial complex III deficiency, GRACILE syndrome), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis CASQ2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence CASR (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRNB2 (cholinergic receptor,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence COX10 (COX10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence COX15 (COX15 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CYP11B1 (cytochrome P450, family 11, subfamily B, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP17A1 (cytochrome P450, family 17, subfamily A, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence Cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities (When performing genome-wide cytogenomic constitutional microarray analysis, see 81228, 81229) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of chromosome 22q13) (Do not report 88271 when performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), duplication/deletion analysis DCX (doublecortin) (eg, X-linked lissencephaly), full gene sequence DES (desmin) (eg, myofibrillar myopathy), full gene sequence DFNB59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence DGUOK (deoxyguanosine kinase) (eg, hepatocerebral mitochondrial DNA depletion syndrome), full gene sequence DHCR7 (7-dehydrocholesterol reductase) (eg, Smith-Lemli-Opitz syndrome), full gene sequence EIF2B2 (eukaryotic translation							

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	initiation factor 2B, subunit 2 beta, 39kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), duplication/deletion analysis EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), duplication/deletion analysis F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence FGFR1 (fibroblast growth factor receptor 1) (eg, Kallmann syndrome 2), full gene sequence FH (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence FKTN (fukutin) (eg, limb-girdle muscular dystrophy [LGMD] type 2M or 2L), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), duplication/deletion analysis GABRG2 (gamma-aminobutyric acid [GABA] A receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene sequence GCH1 (GTP cyclohydrolase 1) (eg, autosomal dominant dopa-responsive dystonia), full gene sequence GDAP1 (ganglioside-induced differentiation-associated protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence GFAP (glial fibrillary acidic protein) (eg, Alexander disease), full gene sequence GHR (growth hormone receptor) (eg, Laron syndrome), full gene sequence GHRHR (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence GLA (galactosidase, alpha) (eg, Fabry disease), full gene sequence HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, thalassemia), full gene sequence HNF1A (HNF1 homeobox A) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HTRA1 (HtrA serine peptidase 1) (eg, macular degeneration), full gene							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sequence IDS (iduronate 2-sulfatase) (eg, mucopolysacchridosis, type II), full gene sequence IL2RG (interleukin 2 receptor, gamma) (eg, X-linked severe combined immunodeficiency), full gene sequence ISPD (isoprenoid synthase domain containing) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, Noonan syndrome), full gene sequence LAMP2 (lysosomal-associated membrane protein 2) (eg, Danon disease), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), duplication/deletion analysis MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence MMAA (methylmalonic aciduria [cobalamine deficiency] type A) (eg, MMAA-related methylmalonic acidemia), full gene sequence MMAB (methylmalonic aciduria [cobalamine deficiency] type B) (eg, MMAA-related methylmalonic acidemia), full gene sequence MPI (mannose phosphate isomerase) (eg, congenital disorder of glycosylation 1b), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), full gene sequence MPZ (myelin protein zero) (eg, Charcot-Marie-Tooth), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), duplication/deletion analysis MYL2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYL3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYOT (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence NDUFS7 (NADH dehydrogenase [ubiquinone] Fe-S protein 7, 20kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS8 (NADH dehydrogenase [ubiquinone] Fe-S protein 8,							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	23kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFV1 (NADH dehydrogenase [ubiquinone] flavoprotein 1, 51kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NEFL (neurofilament, light polypeptide) (eg, Charcot-Marie-Tooth), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis NLGN3 (neuroligin 3) (eg, autism spectrum disorders), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), deletion analysis, and duplication analysis, if performed NPHS2 (nephrosis 2, idiopathic, steroid-resistant [podocin]) (eg, steroid-resistant nephrotic syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), duplication/deletion analysis OTC (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), duplication/deletion analysis PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), duplication/deletion analysis PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), duplication/deletion analysis PCDH19 (protocadherin 19) (eg, epileptic encephalopathy), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), duplication/deletion analysis PDHB (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence PINK1 (PTEN induced putative kinase 1) (eg, Parkinson disease), full gene sequence PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), full gene sequence POU1F1 (POU class 1 homeobox 1) (eg, combined							

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	pituitary hormone deficiency), full gene sequence PRX (periaxin) (eg, Charcot-Marie-Tooth disease), full gene sequence PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), full gene sequence PSEN1 (presenilin 1) (eg, Alzheimer disease), full gene sequence RAB7A (RAB7A, member RAS oncogene family) (eg, Charcot-Marie-Tooth disease), full gene sequence RAI1 (retinoic acid induced 1) (eg, Smith-Magenis syndrome), full gene sequence REEP1 (receptor accessory protein 1) (eg, spastic paraplegia), full gene sequence RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) RPS19 (ribosomal protein S19) (eg, Diamond-Blackfan anemia), full gene sequence RRM2B (ribonucleotide reductase M2 B [TP53 inducible]) (eg, mitochondrial DNA depletion), full gene sequence SCO1 (SCO cytochrome oxidase deficient homolog 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHB (succinate dehydrogenase complex, subunit B, iron sulfur) (eg, hereditary paraganglioma), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence SGCA (sarcoglycan, alpha [50kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, beta [43kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCD (sarcoglycan, delta [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), duplication/deletion analysis SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SHOC2 (soc-2							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), full gene sequence SHOX (short stature homeobox) (eg, Langer mesomelic dysplasia), full gene sequence SIL1 (SIL1 homolog, endoplasmic reticulum chaperone [S. cerevisiae]) (eg, ataxia), full gene sequence SLC2A1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [GLUT 1] deficiency syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), full gene sequence SLC22A5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), duplication/deletion analysis SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy), full gene sequence SPAST (spastin) (eg, spastic paraplegia), duplication/deletion analysis SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), duplication/deletion analysis SPRED1 (sprouty-related, EVH1 domain containing 1) (eg, Legius syndrome), full gene sequence STAT3 (signal transducer and activator of transcription 3 [acute-phase response factor]) (eg, autosomal dominant hyper-IgE syndrome), targeted sequence analysis (eg, exons 12, 13, 14, 16, 17, 20, 21) STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), full gene sequence SURF1 (surfeit 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence TARDBP (TAR DNA binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence TBX5 (T-box 5) (eg, Holt-Oram							

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	syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), duplication/deletion analysis TGFBR1 (transforming growth factor, beta receptor 1) (eg, Marfan syndrome), full gene sequence TGFBR2 (transforming growth factor, beta receptor 2) (eg, Marfan syndrome), full gene sequence THRB (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons TK2 (thymidine kinase 2, mitochondrial) (eg, mitochondrial DNA depletion syndrome), full gene sequence TNNC1 (troponin C type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene sequence TNNI3 (troponin I, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome, tumor samples), full gene sequence or targeted sequence analysis of >5 exons TPM1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis TYMP (thymidine phosphorylase) (eg, mitochondrial DNA depletion syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), targeted sequence analysis (eg, exons 18-20, 23-25) WT1 (Wilms tumor 1) (eg, Denys-Drash syndrome, familial Wilms tumor), full gene sequence ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), full gene sequence							

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81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence APP (amyloid beta [A4] precursor protein) (eg, Alzheimer disease), full gene sequence ASS1 (argininosuccinate synthase 1) (eg, citrullinemia type I), full gene sequence ATL1 (atlastin GTPase 1) (eg, spastic paraplegia), full gene sequence ATP1A2 (ATPase, Na+/K+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence ATP7B (ATPase, Cu++ transporting, beta polypeptide) (eg, Wilson disease), full gene sequence BBS1 (Bardet-Biedl syndrome 1) (eg, Bardet-Biedl syndrome), full gene sequence BBS2 (Bardet-Biedl syndrome 2) (eg, Bardet-Biedl syndrome), full gene sequence BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease, type 1B), full gene sequence BEST1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, Noonan syndrome),	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	full gene sequence BSCL2 (Berardinelli-Seip congenital lipodystrophy 2 [seipin]) (eg, Berardinelli-Seip congenital lipodystrophy), full gene sequence BTK (Bruton agammaglobulinemia tyrosine kinase) (eg, X-linked agammaglobulinemia), full gene sequence CACNB2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, Brugada syndrome), full gene sequence CAPN3 (calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence CDH1 (cadherin 1, type 1, E-cadherin [epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), full gene sequence CLCN1 (chloride channel 1, skeletal muscle) (eg, myotonia congenita), full gene sequence CLCNKB (chloride channel, voltage-sensitive Kb) (eg, Bartter syndrome 3 and 4b), full gene sequence CNTNAP2 (contactin-associated protein-like 2) (eg, Pitt-Hopkins-like syndrome 1), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), duplication/deletion analysis CPT1A (carnitine palmitoyltransferase 1A [liver]) (eg, carnitine palmitoyltransferase 1A [CPT1A] deficiency), full gene sequence CRB1 (crumbs homolog 1 [Drosophila]) (eg, Leber congenital amaurosis), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), duplication/deletion analysis Cytogenomic microarray analysis, neoplasia (eg, interrogation of copy number, and loss-of-heterozygosity via single nucleotide polymorphism [SNP]-based comparative genomic hybridization [CGH] microarray analysis) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the cytogenomic microarray analysis for neoplasia) (Do not report 88271 when							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), full gene sequence DLAT (dihydrolipoamide S-acetyltransferase) (eg, pyruvate dehydrogenase E2 deficiency), full gene sequence DLD (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type III), full gene sequence DSC2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence DSG2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence DSP (desmoplakin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 8), full gene sequence EFHC1 (EF-hand domain [C-terminal] containing 1) (eg, juvenile myoclonic epilepsy), full gene sequence EIF2B3 (eukaryotic translation initiation factor 2B, subunit 3 gamma, 58kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B4 (eukaryotic translation initiation factor 2B, subunit 4 delta, 67kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B5 (eukaryotic translation initiation factor 2B, subunit 5 epsilon, 82kDa) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), full gene sequence EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), duplication/deletion analysis FAH (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eg, tyrosinemia, type 1), full gene sequence FASTKD2 (FAST kinase domains 2) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence FIG4 (FIG4 homolog, SAC1 lipid phosphatase domain							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	containing [S. cerevisiae]) (eg, Charcot-Marie-Tooth disease), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), full gene sequence FUS (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence GAA (glucosidase, alpha; acid) (eg, glycogen storage disease type II [Pompe disease]), full gene sequence GALC (galactosylceramidase) (eg, Krabbe disease), full gene sequence GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence GARS (glycyl-tRNA synthetase) (eg, Charcot-Marie-Tooth disease), full gene sequence GCDH (glutaryl-CoA dehydrogenase) (eg, glutaricacidemia type 1), full gene sequence GCK (glucokinase [hexokinase 4]) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence GLUD1 (glutamate dehydrogenase 1) (eg, familial hyperinsulinism), full gene sequence GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), full gene sequence GRN (granulin) (eg, frontotemporal dementia), full gene sequence HADHA (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence HADHB (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein], beta subunit) (eg, trifunctional protein deficiency), full gene sequence HEXA (hexosaminidase A, alpha polypeptide) (eg, Tay-Sachs disease), full gene sequence HLCS (HLCS holocarboxylase synthetase) (eg, holocarboxylase synthetase deficiency), full gene sequence HNF4A (hepatocyte nuclear factor 4, alpha) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence IDUA (iduronidase, alpha-L-) (eg, mucopolysaccharidosis type I), full gene sequence INF2 (inverted formin, FH2 and WH2 domain containing) (eg, focal segmental							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	glomerulosclerosis), full gene sequence IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), duplication/deletion analysis JUP (junction plakoglobin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence KAL1 (Kallmann syndrome 1 sequence) (eg, Kallmann syndrome), full gene sequence KCNH2 (potassium voltage-gated channel, subfamily H [eag-related], member 2) (eg, short QT syndrome, long QT syndrome), full gene sequence (Do not report 81406 for KCNH2 full gene sequence in conjunction with 81280) KCNQ1 (potassium voltage-gated channel, KQT-like subfamily, member 1) (eg, short QT syndrome, long QT syndrome), full gene sequence (Do not report 81406 for KCNQ1 full gene sequence with 81280) KCNQ2 (potassium voltage-gated channel, KQT-like subfamily, member 2) (eg, epileptic encephalopathy), full gene sequence LDB3 (LIM domain binding 3) (eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence LEPR (leptin receptor) (eg, obesity with hypogonadism), full gene sequence LHCGR (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence LMNA (lamin A/C) (eg, Emery-Dreifuss muscular dystrophy [EDMD1, 2 and 3] limb-girdle muscular dystrophy [LGMD] type 1B, dilated cardiomyopathy [CMD1A], familial partial lipodystrophy [FPLD2]), full gene sequence LRP5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence MAP2K1 (mitogen-activated protein kinase 1) (eg, cardiofaciocutaneous syndrome), full gene sequence MAP2K2 (mitogen-activated protein kinase 2) (eg, cardiofaciocutaneous syndrome), full gene sequence MAPT (microtubule-associated protein tau) (eg, frontotemporal							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	dementia), full gene sequence MCCC1 (methylcrotonoyl-CoA carboxylase 1 [alpha]) (eg, 3-methylcrotonyl-CoA carboxylase deficiency), full gene sequence MCCC2 (methylcrotonoyl-CoA carboxylase 2 [beta]) (eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence MFN2 (mitofusin 2) (eg, Charcot-Marie-Tooth disease), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), full gene sequence MUT (methylmalonyl CoA mutase) (eg, methylmalonic acidemia), full gene sequence MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), full gene sequence NDUFS1 (NADH dehydrogenase [ubiquinone] Fe-S protein 1, 75kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence NOTCH3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [CADASIL]), targeted sequence analysis (eg, exons 1-23) NPC1 (Niemann-Pick disease, type C1) (eg, Niemann-Pick disease), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis OPTN (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), full gene sequence PAH (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer), full gene sequence PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), full gene sequence PAX2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence PC							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(pyruvate carboxylase) (eg, pyruvate carboxylase deficiency), full gene sequence PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene sequence PCCB (propionyl CoA carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), duplication/deletion analysis PCSK9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), full gene sequence PDHX (pyruvate dehydrogenase complex, component X) (eg, lactic acidosis), full gene sequence PHEX (phosphate-regulating endopeptidase homolog, X-linked) (eg, hypophosphatemic rickets), full gene sequence PKD2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PKP2 (plakophilin 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence PNKD (paroxysmal nonkinesigenic dyskinesia) (eg, paroxysmal nonkinesigenic dyskinesia), full gene sequence POLG (polymerase [DNA directed], gamma) (eg, Alpers-Huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence POMGNT1 (protein O-linked mannose beta1,2-N acetylglucosaminyltransferase) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence POMT1 (protein-O-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [LGMD] type 2K, Walker-Warburg syndrome), full gene sequence POMT2 (protein-O-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [LGMD] type 2N, Walker-Warburg syndrome), full gene sequence PRKAG2 (protein kinase, AMP-activated, gamma 2 non-catalytic subunit) (eg, familial hypertrophic cardiomyopathy with Wolff-Parkinson-White syndrome, lethal congenital glycogen storage							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	disease of heart), full gene sequence PRKCG (protein kinase C, gamma) (eg, spinocerebellar ataxia), full gene sequence PSEN2 (presenilin 2 [Alzheimer disease 4]) (eg, Alzheimer disease), full gene sequence PTPN11 (protein tyrosine phosphatase, non-receptor type 11) (eg, Noonan syndrome, LEOPARD syndrome), full gene sequence PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), full gene sequence RET (ret proto-oncogene) (eg, Hirschsprung disease), full gene sequence RPE65 (retinal pigment epithelium-specific protein 65kDa) (eg, retinitis pigmentosa, Leber congenital amaurosis), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations SCN4A (sodium channel, voltage-gated, type IV, alpha subunit) (eg, hyperkalemic periodic paralysis), full gene sequence SCNN1A (sodium channel, nonvoltage-gated 1 alpha) (eg, pseudohypoaldosteronism), full gene sequence SCNN1B (sodium channel, nonvoltage-gated 1, beta) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SCNN1G (sodium channel, nonvoltage-gated 1, gamma) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SDHA (succinate dehydrogenase complex, subunit A, flavoprotein [Fp]) (eg, Leigh syndrome, mitochondrial complex II deficiency), full gene sequence SETX (senataxin) (eg, ataxia), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), full gene sequence SH3TC2 (SH3 domain and tetratricopeptide repeats 2) (eg, Charcot-Marie-Tooth disease), full gene sequence SLC9A6 (solute carrier family 9 [sodium/hydrogen exchanger], member 6) (eg, Christianson syndrome), full gene sequence SLC26A4 (solute carrier family 26, member 4) (eg, Pendred syndrome), full gene sequence							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	SLC37A4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen storage disease type Ib), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene sequence SOS1 (son of sevenless homolog 1) (eg, Noonan syndrome, gingival fibromatosis), full gene sequence SPAST (spastin) (eg, spastic paraplegia), full gene sequence SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), full gene sequence STXBP1 (syntaxin-binding protein 1) (eg, epileptic encephalopathy), full gene sequence TAZ (tafazzin) (eg, methylglutaconic aciduria type 2, Barth syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), full gene sequence TH (tyrosine hydroxylase) (eg, Segawa syndrome), full gene sequence TMEM43 (transmembrane protein 43) (eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence TNNT2 (troponin T, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TRPC6 (transient receptor potential cation channel, subfamily C, member 6) (eg, focal segmental glomerulosclerosis), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis UBE3A (ubiquitin protein ligase E3A) (eg, Angelman syndrome), full gene sequence UMOD (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence VWF (von Willebrand factor) (von Willebrand disease type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) WAS (Wiskott-Aldrich syndrome [eczema-thrombocytopenia]) (eg, Wiskott-Aldrich syndrome), full gene sequence							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CACNA1A (calcium channel, voltage-dependent, P/Q type, alpha 1A subunit) (eg, familial hemiplegic migraine), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine [K]-specific demethylase 5C) (eg, X-linked mental retardation), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2 [laminin	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	S]) (eg, Pierson syndrome), full gene sequence MYBPC3 (myosin binding protein C, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYH6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full gene sequence MYH7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, Liang distal myopathy), full gene sequence MYO7A (myosin VIIA) (eg, Usher syndrome, type 1), full gene sequence NOTCH1 (notch 1) (eg, aortic valve disease), full gene sequence NPHS1 (nephrosis 1, congenital, Finnish type [nephrin]) (eg, congenital Finnish nephrosis), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome, type 1), full gene sequence PKD1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PLCE1 (phospholipase C, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with febrile seizures), full gene sequence SCN5A (sodium channel, voltage-gated, type V, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence SLC12A1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, Bartter syndrome), full gene sequence SLC12A3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, Gitelman syndrome), full gene sequence SPG11 (spastic paraplegia 11 [autosomal recessive]) (eg, spastic paraplegia), full gene sequence SPTBN2 (spectrin, beta, non-erythrocytic 2) (eg, spinocerebellar ataxia), full gene sequence TMEM67 (transmembrane protein 67) (eg, Joubert syndrome), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence USH1C (Usher syndrome 1C [autosomal recessive, severe]) (eg, Usher syndrome, type 1), full gene sequence VPS13B							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), duplication/deletion analysis WDR62 (WD repeat domain 62) (eg, primary autosomal recessive microcephaly), full gene sequence							

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence RYR1 (ryanodine receptor 1, skeletal)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, malignant hyperthermia), full gene sequence RYR2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons USH2A (Usher syndrome 2A [autosomal recessive, mild]) (eg, Usher syndrome, type 2), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	September 2016		☐
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	September 2016		☐
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	September 2017		☐
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdisection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdisection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
88384		Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88385		Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88386		Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
90769		Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90770		Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90771		Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2018	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	September 2016		☐
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016	September 2019		☐
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011	April 2015	Survey for October 2015. The RUC noted that it is the specialty societies decision whether 92133 and 92134 need to be surveyed with this service.	☑
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	September 2018		☐
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Apr 2010	Diabetic Retinopathy Imaging	24	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Apr 2015	Arterial Pressure Waveform Analysis	20	CPT 2016	September 2019		☐
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable loop recorder system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	September 2017		☐
935X1		Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	September 2020		☐
935X2		Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	September 2020		☐
935X3		Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	September 2020		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	September 2018		☐
93982	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Due to rapid growth in service volumen, review after 2 more years of Medicare utilization data (2014 and 2015 data), October 2016.	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Due to rapid growth in service volumen, review after 2 more years of Medicare utilization data (2014 and 2015 data), October 2016.	☐
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Due to rapid growth in service volumen, review after 2 more years of Medicare utilization data (2014 and 2015 data), October 2016.	☐
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	Feb 2009	Nerve Conduction Tests	18	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	September 2016	The RUC recommends that these services be reviewed in 3 years to review the number of times this service is reported together by the same physician on the same day once this utilization data is available.	☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	September 2016	The RUC recommends that these services be reviewed in 3 years to review the number of times this service is reported together by the same physician on the same day once this utilization data is available.	☐
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	September 2020		☐
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	September 2020		☐
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	September 2020		☐
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	September 2020		☐
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	September 2020		☐
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	September 2020		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	September 2018		☐
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	September 2018		☐
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	September 2018		☐
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	September 2018		☐
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	17	CPT 2015	September 2018		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99363	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99364	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	September 2017		☐
99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	September 2017		☐
99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	September 2017		☐
99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	September 2017		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.;	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	September 2016		☐
99488		Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	September 2016		☐
99489	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	September 2016		☐

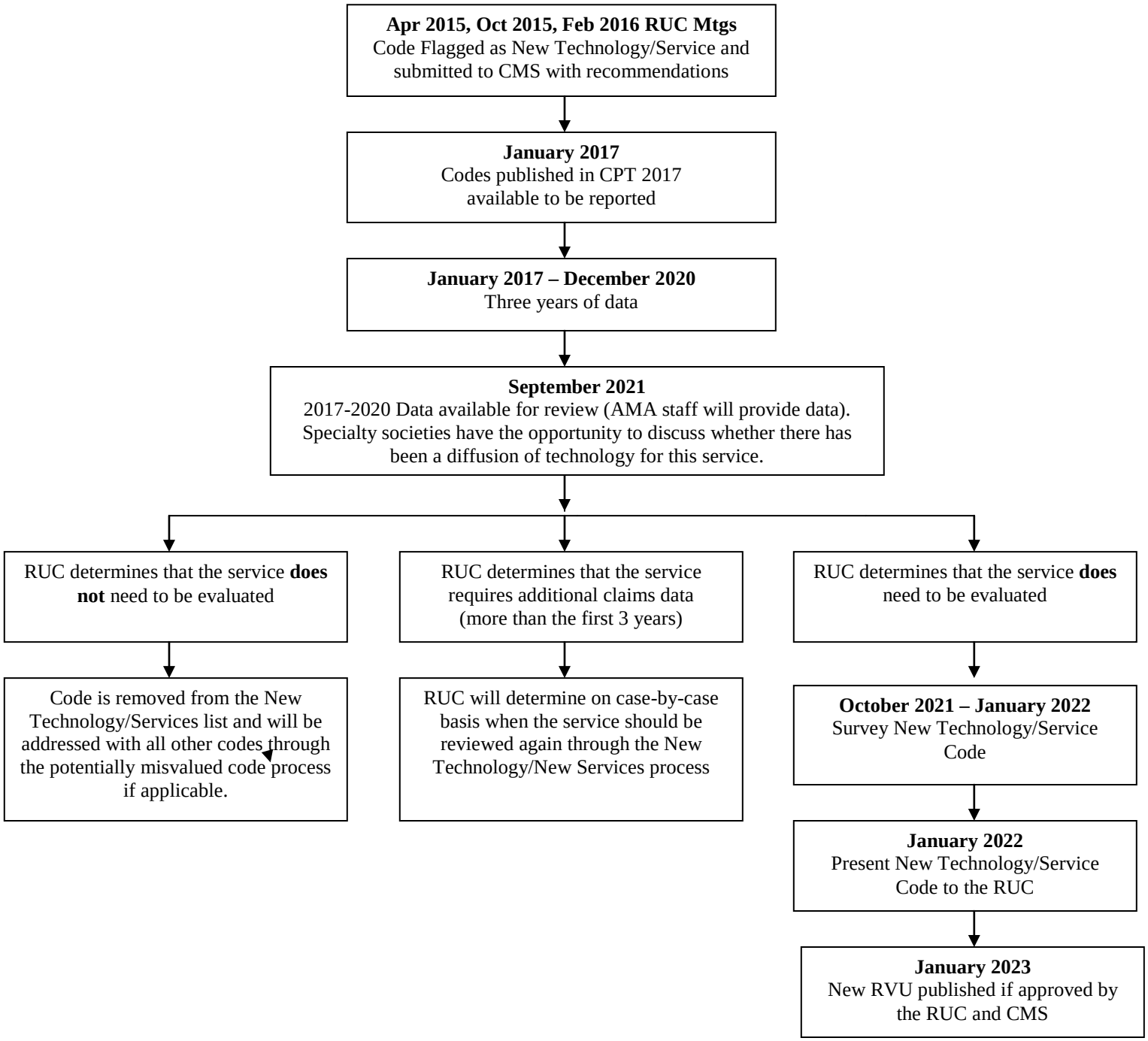
CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	Apr 2014	Chronic Care Management	28	CPT 2015	September 2018		☐
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	8	CPT 2013	September 2016		☐
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	September 2016		☐
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Jan 2014	Advance Care Planning	19	CPT 2015	September 2017		☐

CPT Code	2016 Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	Jan 2014	Advance Care Planning	19	CPT 2015	September 2017		☐

New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

Example



Specialty and Acronym

Society	Acronym
Academy of Nutrition and Dietetics	ANDi
Academy of Physicians in Clinical Research	APCR
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Audiology	AAA
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Dermatology	AAD
American Academy of Disability Evaluating Physicians	AADEP
American Academy of Facial Plastic and Reconstructive Surgery	AAFPRS
American Academy of Family Physicians	AAFP
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Academy of Ophthalmology	AAO
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Otolaryngic Allergy	AAOA
American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Pain Medicine	AAPM
American Academy of Pediatrics	AAP
American Academy of Physical Medicine & Rehabilitation	AAPMR
American Academy of Physician Assistants	AAPA
American Academy of Sleep Medicine	AASM
American Association of Clinical Endocrinologists	AACE
American Association of Hip and Knee Surgeons	AAHKS
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodiagnostic Medicine	AANEM
American Association of Oral and Maxillofacial Surgeons	AAOMS
American Association of Plastic Surgeons	AAPS
American Association of Thoracic Surgery	AATS
American Burn Association	ABA
American Chiropractic Association	ACA
American Clinical Neurophysiology Society	ACNS
American College of Allergy, Ashma & Immunology	ACAAI
American College of Cardiology	ACC
American College of Chest Physicians	CHEST
American College of Emergency Physicians	ACEP
American College of Gastroenterology	ACG
American College of Medical Genetics	ACMG
American College of Mohs Surgery	ACMS
American College of Nuclear Medicine	ACNM
American College of Occupational and Environmental Medicine	ACOEM
American College of Phlebology	ACPh
American College of Physicians	ACP

Society	Acronym
American College of Preventive Medicine	ACPM
American College of Radiation Oncology	ACRO
American College of Radiology	ACR
American College of Rheumatology	ACRh
American College of Surgeons	ACS
American Congress of Obstetricians and Gynecologists	ACOG
American Dental Association	ADA
American Gastroenterological Association	AGA
American Geriatrics Society	AGS
American Institute of Ultrasound in Medicine	AIUM
American Medical Association	AMA
American Nurses Association	ANA
American Occupational Therapy Association	AOTA
American Optometric Association	AOA
American Orthopaedic Foot and Ankle Society	AOFAS
American Osteopathic Association	AOA
American Pediatric Surgical Association	APSA
American Physical Therapy Association	APTA
American Podiatric Medical Association	APMA
American Psychiatric Association	APA
American Psychological Association	APA
American Roentgen Ray Society	ARRS
American Society for Aesthetic Plastic Surgery	ASAPS
American Society for Blood and Marrow Transplantation	ASBMT
American Society for Clinical Pathology	ASCP
American Society for Dermatologic Surgery Association	ASDSA
American Society for Gastrointestinal Endoscopy	ASGE
American Society for Radiation Oncology	ASTRO
American Society for Reproductive Medicine	ASRM
American Society for Surgery of the Hand	ASSH
American Society of Abdominal Surgeons	ASAS
American Society of Addiction Medicine	ASAM
American Society of Anesthesiologists	ASA
American Society of Breast Surgeons	ASBS
American Society of Cataract and Refractive Surgery	ASCRS(cat)
American Society of Clinical Oncology	ASCO
American Society of Colon and Rectal Surgeons	ASCRS(col)
American Society of Cytopathology	ASC
American Society of Echocardiography	ASE
American Society of General Surgeons	ASGS
American Society of Hematology	ASH
American Society of Interventional Pain Physicians	ASIPP
American Society of Maxillofacial Surgeons	ASMS

Society	Acronym
American Society of Neuroimaging	ASN
American Society of Neuroradiology	ASNR
American Society of Plastic Surgeons	ASPS
American Society of Retina Specialists	ASRS
American Society of Transplant Surgeons	ASTS
American Speech-Language-Hearing Association	ASHA
American Thoracic Society	ATS
American Urological Association	AUA
Association of University Radiologists	AUR
College of American Pathologists	CAP
Congress of Neurological Surgeons	CNS
Contact Lens Association of Ophthalmologists	CLAO
Heart Rhythm Society	HRS
Infectious Diseases Society of America	IDSA
International Observer	observer
International Society for the Advancement of Spine Surgery	ISASS
Joint Council of Allergy, Asthma and Immunology	JCAAI
Medical Group Management Association	MGMA
National Association of Social Workers	NASW
North American Spine Society	NASS
Radiological Society of North America	RSNA
Renal Physicians Association	RPA
Society for Investigative Dermatology	SID
Society for Vascular Surgery	SVS
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
Society of Critical Care Medicine	SCCM
Society of Interventional Radiology	SIR
Society of Nuclear Medicine and Molecular Imaging	SNMMI
Society of Thoracic Surgeons	STS
The Endocrine Society	ES
The Society for Cardiovascular Angiography and Interventions	SCAI
The Spine Intervention Society	SIS
The Triological Society	TTS

AMA/Specialty Society RVS Update Committee Summary of Recommendations
010-Day Global Post-Operative Visits Screen

January 2016

Bone Biopsy

In January 2014, CPT code 20245 was identified by the 010-Day Global Post-Operative Visits Screen and code 20240 was added as a family code for review of physician work and practice expense. In September, the RUC requested and CMS approved to change the global period from a 010-day global to a 000-day global for both CPT code 20240 and 20245 and the specialty societies presented survey data at the January 2015 meeting. At the January 2015 RUC meeting, the RUC approved a physician work value for 20240. However, CPT code 20245 was not reviewed and was referred to the Research Subcommittee to approve a new survey sample. Under further review, the specialty societies determined that the code should be submitted to the CPT Editorial Panel to revise the descriptor to better specify examples of a deep bone biopsy. The CPT Editorial Panel approved these changes at the October 2015 meeting and the specialty presented work values and practice expense at the January 2016 RUC meeting.

20240 ***Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)***

The RUC noted that the CPT descriptor changes to code 20240 were editorial, simply providing additional examples of superficial bones, including "calcaneus" which was included in the typical patient vignette. The CPT Editorial Panel and the RUC agreed that the edits did not change the inherent work involved in the service. Therefore, the RUC re-affirmed the recommendations made for this code at the January 2015 RUC meeting:

> The RUC reviewed the survey responses from 71 podiatrists and orthopaedic surgeons and recommend the following physician time components: pre-service time of 58 minutes, intra-service time of 30 minutes and immediate post-service time of 30 minutes. The RUC agreed that an additional 7 minutes of positioning time above the standard pre-service time package 3 (straightforward patient, difficult procedure) to place the patient in the prone position with attention to padding and tourniquet application prior to the procedure.
>
> The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the 25th percentile work RVU of 3.73 accurately values the physician work of CPT code 20240. To justify a work RVU of 3.73, the RUC compared the surveyed code to the key reference code 11044 *Debridement, bone (includes epidermis, dermis, subcutaneous*

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tissue, muscle and/or fascia, if performed); first 20 sq cm or less (work RVU= 4.10) and noted that the reference code has more intra-service time, 45 minutes compared to 30 minutes, and is correctly valued higher than code 20240. The RUC also reviewed MPC codes 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU= 3.50, intra-service time= 30 minutes) and 52224 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy* (work RVU= 4.05, intra-service time 30 minutes) and agreed that the recommended value for 20240 accurately fits between these two reference services. The RUC considered 13 recently reviewed 0-day global codes with 30 minutes of intra-operative time and noted that a majority of these codes are endoscopies (through a natural orifice) or percutaneous procedures through a vessel. These 13 0-day global codes provided additional support for the recommendation of 3.73 work RVUs for code 20240 as it transitions to a 0-day global period. **The RUC recommends a work RVU of 3.73 for CPT code 20240.**

20245 ***Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)***

The specialty societies presented compelling evidence that the previous valuation was flawed and was surveyed in error as a 90-day global code using a 90-day global reference service list which after RUC and CMS review resulted in almost zero intra-service work. That is to say the RUC and CMS corrected the work RVU, but not the visit details. The RUC agreed that the previous survey was flawed and also agreed that the current review should compare the physician work to other 0-day global codes for accurate relativity.

The RUC reviewed the survey results from 61 orthopaedic surgeons and agreed with the specialty societies on the following time components: pre-service time of 70 minutes, intra-service time of 60 minutes and immediate post-service time of 30 minutes. The RUC agreed that 12 minutes of positioning time above the pre-service time package (4- Facility, difficult patient, difficult procedure) was warranted to place the patient in the lateral decubitus position. This time has been previously approved for CPT code 27130 *Total hip arthroplasty* (reviewed by the RUC in 2012).

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey median of 6.50 work RVUs is appropriate for this procedure as a 0-day global code. To justify a work RVU of 6.50, the RUC compared the surveyed code to the second key reference code 20902 *Bone graft, any donor area; major or large* (work RVU= 4.58, intra time= 45 minutes) and noted that since code 20245 has 15 additional minutes of intra-service time, the recommended value apporpriately places the code higher than this reference code and maintains a similar intra-operative intensity. The RUC also reviewed 19 codes with a 000-day global period and 60 minutes of intra-time that were reviewed by the RUC and finalized by CMS between 2011 and 2015. and noted that a work RVU of 6.50 approximately fit in the middle of these services. Two additional reference codes that closely bracketed the recommended value are: 36247 *Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family* (work RVU= 6.29, intra time= 60 minutes) and 43262 *Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy* (work RVU= 6.60, intra time= 60 minutes). Finally, the RUC discussed the decrease in intra-service time from the current time (90 minutes) to the survey time (60 minutes). It was explained that the

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current time was based on a survey of 35 indivdiuals over 15 years ago. Furthermore, due to the previous flawed survey, the resulting IWPUT was almost zero Given these discrepenacies, the survyed time of 60 minutes better reflects an appopriate level of intensity and complexity (IWPUT= 0.071) for this service relative to other 000-day global procedures. **The RUC recommends a work RVU of 6.50 for CPT code 20245.**

Practice Expense:
The Practice Expense Subcommittee discussed and approved the usual 000-day global inputs, with extensive use of the clinical staff supplemented by a telephone call. The RUC approved the modification as approved by the Practice Expense Subcommittee.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲20240	H1	Biopsy, bone, open; superficial (eg, ~~ilium~~, sternum, spinous process, rib~~s~~, ~~trochanter of femur~~, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)	~~010~~ 000	3.73 (Reaffirmed January 2015 RUC Recommendation)
▲20245	H2	deep (eg, ~~humerus~~ humeral shaft, ischium, ~~femur~~, femoral shaft)	~~010~~ 000	6.50

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December 14, 2015

Peter Smith, MD, FACS
Chair, AMA/RUC
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: Tab 4 - Bone Biopsy

Dear Dr. Smith:

On behalf of the American Academy of Orthopaedic Surgeons (AAOS), American Orthopaedic Foot and Ankle Society (AOFAS), and American Podiatric Medical Association (APMA), we are writing in regards to code 20240 included in Tab 4 (Bone Biopsy) for the January 2016 RUC meeting.

In January 2014, the RUC reviewed 010-day global services (based on 2012 Medicare utilization data) and identified 18 services with greater than 1.5 office visits and 2012 Medicare utilization greater than 1,000. The RUC requested these services be surveyed for work and review the practice expense for the September 2014 RUC meeting. In September, the RUC requested and CMS approved to change the global period from a 010-day global to a 000-day global for both CPT code 20240 and 20245 and the specialty societies presented survey data at the January 2015 meeting.

Prior to reviewing code 20240, the specialty societies presented compelling evidence that the work value for code 20240 may be misvalued. The specialty noted that incorrect assumptions were made in the previous valuation of the service. The (then) current intra-service time was based on a Harvard study of 8 general surgeons, while the pre- and post-service times were derived from an algorithm. Furthermore, the Harvard survey of general surgeons no longer represented the current dominant provider (podiatry). The RUC agreed with the specialty societies that there was compelling evidence that code 20240 was potentially misvalued.

The RUC reviewed the survey responses for code 20240 from 71 podiatrists and orthopaedic surgeons. The RUC also reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the 25th percentile work RVU of 3.73 accurately values the physician work of code 20240 and correctly ranks it relative to other 0-day global services. To justify a work RVU of 3.73, the RUC compared the surveyed code to the key reference code 11044 *Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less* (work RVU= 4.10) and noted that 20240 should valued less than code 11044. The RUC also reviewed MPC codes 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU= 3.50, intra-service time= 30 minutes) and 52224 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy* (work RVU= 4.05, intra-service time 30 minutes) and agreed that the recommended value of 3.73 for 20240 accurately fits between these two reference services. The RUC then considered 13 recently reviewed 0-day global codes with 30 minutes of intra-operative time and noted that a majority of these codes are endoscopies (through a natural orifice) or percutaneous procedures through a vessel and not open procedures, and that these 13 0-day global codes provided additional support for the recommendation of 3.73 work RVUs for code 20240 as it transitions to a 0-day global period. **This recommendation was submitted to CMS. An interim final determination that decreased the recommendation using reverse building block was published for CY 2016 in the November 2015 final rule.**

During the discussion of code 20245, several concerns were raised by RUC members. First, the RUC was uncomfortable that the surveying specialties did not get Research Subcommittee approval to selectively target only members of the Musculoskeletal Tumor Society (MSTS). Second, there were questions about the typical

patient (malignant lytic lesion) for this service because the Medicare 5% sample file does not identify this diagnosis. Therefore, it was unclear whether or not the correct survey population was chosen and the correct vignette was used.

The AAOS' RUC advisors met with the CPT Advisors of AAOS, other orthopaedic subspecialties, and APMA to discuss the issues raised by RUC members and to determine how to address these issues moving forward. Specifically, the RUC questioned whether the patient vignette (open biopsy of the pelvis) was typical. The RUC also questioned whether the CPT descriptor was too general. The AAOS obtained additional data regarding diagnoses and determined that coding changes to the parentheticals in both codes 20240 and 20245 were necessary to make clear what bones were superficial and what bones were deep. The AAOS and APMA submitted a code change proposal to CPT which was reviewed at the October 2015 CPT meeting. The proposal revised the descriptor for 20245 to better clarify deep bone biopsy. In addition, the descriptor for 20240 was editorially revised to correct the parenthetical examples of bone for superficial biopsy, including the addition of calcaneus, which was used as the typical patient for 20240.

We did not resurvey code 20240 because the coding change was editorial, specifically adding calcaneus (and other superficial bones) to the descriptor at the request of a RUC member to reflect the typical patient that was surveyed.

2014 CPT Descriptor: 20240 Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)

2014 Surveyed Patient: A 68-year-old diabetic with a history of a puncture wound presents with a hot, swollen, painful hindfoot. X-rays reveal a suspicious erosion on the plantar calcaneus. A core biopsy was non-diagnostic and a decision is made to perform an open bone biopsy of the **calcaneus**.

2016 CPT Descriptor: 20240 Biopsy, bone, open; superficial (eg, ~~ilium~~, sternum, spinous process, rib~~s~~, ~~trochanter of femur~~, patella, olecranon process, **calcaneus**, tarsal, metatarsal, carpal, metacarpal, phalanx)

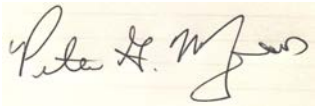
A valid survey for code 20240 using the typical patient was conducted by all providers of the service and the survey results were reviewed by the RUC with a recommendation sent to CMS. The recent coding change to the descriptor's "eg" parenthetical was editorial and does not require re-survey. The typical patient has not changed. The work has not changed. The specialties that would survey would not be different.

We request that the RUC re-affirm its recommendation of 3.73 for code 20240 as the correct work RVU for this service relative to recently reviewed 0-day global codes. We also request that this code be marked "do not use to validate physician work" in the RUC database due to CMS's rejection of the RUC recommendation.

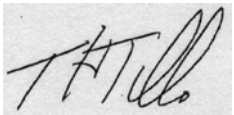
Sincerely,



William Creevy, MD
AAOS RUC Advisor



Peter Mangone, MD
AOFAS RUC Advisor



Timothy Tillo, DPM
APMA RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20245 Tracking Number n/a Original Specialty Recommended RVU: **6.50**
Presented Recommended RVU: **6.50**
Global Period: 000 RUC Recommended RVU: **6.50**

CPT Descriptor: Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old male presents with a 3-month history of left pelvis pain with no preceding history of trauma. He was initially seen by his primary care physician and placed on pain medication with a presumptive diagnosis of bursitis. His pain became disabling requiring a wheelchair and x-rays were obtained which revealed a lytic lesion in the ischio-acetabular region of the left hemipelvis. An MRI scan confirmed the mass and demonstrated cortical destruction and soft tissue extension. A CT scan-directed needle biopsy was performed but revealed only blood with no diagnostic material. A bone scan was obtained which showed no other lesions except the left pelvic lesion. The decision was then made to proceed with an open biopsy of the pelvis.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 61% , Overnight stay-less than 24 hours 33% , Overnight stay-more than 24 hours 7%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 46%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review medical records with attention to imaging, pathology, and labs. Assure appropriate selection, timing, and administration of pre-surgical antibiotic. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Verify that all required instruments and supplies are available. The patient is positioned lateral decubitus. Bony prominences are padded and thermal regulation drapes are applied. The position of the extremities and head are assessed and adjusted as needed. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: A modified Gibson posterolateral incision is made. This is carried down through the skin and subcutaneous tissue and hemostasis is obtained. The fascia lata is then exposed and is incised longitudinally in line with its fibers. Hemostasis is then obtained and self-retaining retractors are placed in the wound. The trochanteric bursa is the divided longitudinally and the posterior portion is retracted posteriorly. The sciatic nerve is exposed and carefully dissected. A vessel loop is placed around the nerve to allow gentle retraction and the nerve is carefully protected throughout the procedure. The leg is internally rotated and the leading edge of the gluteus medius is identified. A rounded periosteal elevator is place below this muscle and the interval between the gluteus medius and piriformis is dissected. A right angle retractor is placed under the gluteus medius and it is retracted proximally. The piriformis muscle is incised along with the other external rotators and this muscle mass is retracted posteriorly thereby exposing the posterior wall of the acetabulum and ischium. An high-powered burr is then used to create a window posteriorly at the ischio-acetabular

junction. The surgeon's index finger is placed over the small cortical window to control excessive bleeding. Curettes are then used to obtain specimen from within the bone. This is placed in a specimen container and the window in the bone is packed with a surgical sponge. The specimen so obtained is then sent to the pathology department. The area is irrigated and bone cement is then prepared in the usual fashion. Bone cement is then inserted into the bone window to establish hemostasis. The incision is again irrigated and the wound is closed in multiple layers using nonabsorbable sutures in the deep tissues, absorbable sutures in the superficial tissues and staples in the skin.

Description of Post-Service Work: Apply sterile dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from OR to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Write brief operative note. Write postoperative note in the recovery room. Monitor patient stabilization in the recovery room, including neurovascular status. Dictate operative report and copy referring physician(s). Discuss procedure and outcome with family in waiting area. Answer patient and/or family questions. Write orders for follow-up and post-discharge laboratory tests and X rays. Write prescriptions for medications needed post-discharge. Discuss home restrictions (ie, diet, activity, bathing) with the patient, family members, and discharge nurse. Discharge patient when he has recovered from anesthesia. Complete all appropriate medical records, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	William Creevy MD; John Heiner MD				
Specialty(s):	AAOS, MSTS				
CPT Code:	20245				
Sample Size:	250	**Resp N:**	61	**Response:** 24.4 %	
Description of Sample:	Random sample from each society membership database.				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	2.00	5.00	**15.00**	40.00	100.00
Survey RVW:	3.50	4.94	**6.50**	8.00	12.50
Pre-Service Evaluation Time:			**50.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	45.00	**60.00**	70.00	100.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	20245	**Recommended Physician Work RVU: 6.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
11012	000	6.87	**RUC Time**

CPT Descriptor Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20902	000	4.58	**RUC Time**

CPT Descriptor Bone graft, any donor area; major or large

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,688

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52353	000	7.50	**RUC Time**	16,401

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 37.7 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 31.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 20245	Top Key Reference CPT Code: 11012	2nd Key Reference CPT Code: **20902**
Median Pre-Service Time	70.00	60.00	58.00
Median Intra-Service Time	60.00	90.00	45.00
Median Immediate Post-service Time	30.00	60.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**160.00**	**210.00**	**123.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.61	1.84
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.74	1.74
Urgency of medical decision making	0.48	1.74
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.00	0.79
Physical effort required	0.39	0.32

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.96	1.16
Outcome depends on the skill and judgment of physician	1.35	1.63
Estimated risk of malpractice suit with poor outcome	1.00	1.58

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.43	1.63

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In January 2014, the RUC reviewed 010-day global services (based on 2012 Medicare utilization data) and identified 18 services with >1.5 office visits and 2012 Medicare utilization data over 1,000. Code 20245 was identified in this screen. After an initial survey that showed wide variability in postoperative care, the specialties requested a 0-day global period for both codes. CMS approved this request.

At the January 2015 RUC meeting, the AAOS presented survey data for the valuation of code 20245 as a 000-day global. However, the RUC did not accept the AAOS recommendations and instead requested the AAOS resurvey the code due to several concerns raised by RUC members. First, the RUC was uncomfortable that the surveying specialties did not get Research Subcommittee approval to selectively target only members of the Musculoskeletal Tumor Society (MSTS). Second, there were questions about the typical patient (malignant lytic lesion) for this service because the Medicare 5% sample file does not identify this diagnosis. Therefore, it was unclear whether or not the correct survey population was chosen and the correct vignette was used.

The AAOS' RUC advisors met with the CPT Advisors of AAOS and other orthopaedic subspecialties to discuss the issues raised by RUC members and to determine how to address these issues moving forward. Specifically, the RUC questioned whether the patient vignette (open biopsy of the pelvis) was typical. The RUC also questioned whether the CPT descriptor was too general. To assist with consideration of these issues, the AAOS requested additional Medicare utilization data through RUC staff and were provided these data. In looking at these data, it was apparent that code 20245 was being reported for some anatomic areas which are likely not appropriate for a deep bone biopsy code. To address correct coding concerns, the AAOS submitted a code change proposal to CPT which was review at the October 2015 CPT meeting. The proposal revised the descriptor for 20245 to better clarify deep bone biopsy. In addition, the descriptor for 20240 was editorially revised to correct the parenthetical examples of bone for superficial biopsy, including the addition of calcaneus, which was used as the typical patient for 20240.

Survey Vignette

The typical patient requiring a deep bone biopsy is not Medicare-aged and will have a lytic lesion and not infection. The vignette from the 2000 survey still represents the current patient and this vignette, approved by CPT, was used for the current survey. The diagnoses identified in 162 Medicare patients in the 2013 5% Medicare beneficiary file do not represent the typical national patient who undergo a bone biopsy. Further, with the editorial revision to code 20240 to add bones in the "eg," parenthetical, some of the current utilization for 20245 will correctly be reported with 20240.

Survey Process

The American Academy of Orthopaedic Surgeons (AAOS) and the Musculoskeletal Tumor Society (MSTS) sent a survey request to a random sample of 125 members from each society membership database. All 61 survey respondents indicated their specialty as orthopaedics. Of those 61 respondents, 11 indicated an additional specialty designation of musculoskeletal oncology.

Compelling Evidence

Flawed methodology for previous valuation. In 2000, code 20245 was surveyed in error as a 90-day global code using a 90-day global reference service list. The RUC recommended the survey 25th percentile (8.50) in comparison to a Harvard-based 90-day global code, which resulted in an IWPUT of 0.006 (**almost zero**). CMS disagreed with the RUC recommendation and instead crosswalked 20245 to 90-day global code 27635 (2000 RVW= 7.78), which resulted in a negative -0.002 IWPUT (**almost zero**). The survey global error and the RUC and CMS valuation resulting in near zero intra-work is unfortunate and resulted in a flawed work RVU that was not consistent with the global period and physician work related to this procedure.

Pre-Time Package 4 (Difficult Patient/Difficult Procedure)

Evaluation: No change in package time of 40 minutes.
Positioning: Add 12 minutes (total = 15 minutes) for positioning. A total of 15 minutes for lateral decubitus positioning is supported by CPT code 27130 Total hip arthroplasty (reviewed by the RUC in 2012).
Scrub, dress, wait: Subtract 5 minutes (total = 15 minutes) to be consistent with the median survey time.

Post-time Package 9B (General Anesthesia or Complex Regional Block/Complex Procedure)

Subtract 3 minutes (total = 30 minutes) to be consistent with the median survey time.

Site of Service and Post-operative Visit

The Research Subcommittee approved the use of a modified 0-day global survey instrument that included the standard site-of-service question from the 10 and 90 day global survey. The results of this question indicate that the typical patient (lytic lesion) will outpatient and that an additional inpatient or observation EM visit is not typical. As stated above, the typical patient is not Medicare-aged, so although the Medicare utilization data indicate the typical patient will be inpatient, this is not the typical national patient.

Key Reference Comparison

The mean intensity / complexity measures for code 20245 are significantly greater than the key reference codes. This is especially true when comparing 20245 to 11012 where the intra-work includes the tedious and time-consuming task of debriding and removing small bits of grit or dirt.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
20902	Bone graft, any donor area; major or large	4.58	0.068	123	58	45	20
20245	**Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)**	**6.50**	**0.075**	**160**	**70**	**60**	**30**
11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone	6.87	0.046	210	60	90	60

MPC Comparison

There is only one 0-day global MPC code with 60 minutes of intra-time.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	5.44	0.098	94	29	45	20
20245	**Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)**	**6.50**	**0.075**	**160**	**70**	**60**	**30**
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	7.50	0.101	133	53	60	20

Comparison to Other Recently Reviewed 000-global Codes and Recommendation

Code 20245 is a major open procedure performed under general anesthesia in an operating room. Code 20245 is one of very few major procedures where CMS changed the global period to 000. As the RUC and CMS move forward to review and value 20245, we ask that consideration be given to the relativity of other recently reviewed codes with the same global period.

Family code 20240 is an example of what we believe to be an incomplete review by CMS. For CY2016, the value for code 20240 (changed to 000-global period) was finalized as 2.61. This value was calculated using a reverse building block to remove post-op visits from the current work RVU of 3.73 (which the RUC recommended). No consideration was given to the fact that the visits were derived from Harvard time for practice expense purposes. No consideration was given to an increase in pre-time. No consideration was given to the list of all codes that were reviewed by the RUC and CMS from 2010-2014 that had 30 minutes of intra-time and had a work RVU range of 3.50-4.79. The result was an intra-operative intensity of 0.028, equal to a nursing visit for a blood pressure check (99211, IWPUT = 0.027). In our opinion, this is not relativity. Math did not create the relative values established for the fee schedule (including 20240) and math should not be used to change the values for codes without showing relativity.

There are a total of 61 RUC-reviewed codes with a 0-day global and 60 minutes of intra-time. Of these 61 codes, 28 were reviewed recently (2011-2015). Nine of these 28 codes are cardiothoracic inpatient procedures that include a post-op hospital visit and have high work RVUs and are therefore not comparable to 20245. That leaves 19 codes with a 0-day global period and 60 minutes of intra-time that were reviewed by the RUC and finalized by CMS between 2011-2015. These codes, along with our recommendation for 20245, are presented in the table below.

Year	CPT	Long Descriptor	RVW	IWPUT	Total Time	EVAL	POSIT	SDW	INTRA	POST
2012	**31647**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	4.40	0.054	**115**	19	1	5	**60**	30
2012	**31661**	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	4.50	0.056	**115**	19	1	5	**60**	30
2014	**44407**	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	5.06	0.063	**120**	33	2	5	**60**	20
2014	**45392**	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	5.60	0.072	**121**	33	3	5	**60**	20

Year	CPT	Long Descriptor	RVW	IWPUT	Total Time	EVAL	POSIT	SDW	INTRA	POST
2013	**37238**	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	6.29	0.080	**131**	33	3	5	**60**	30
2011	**36247**	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	6.29	0.080	**131**	33	3	5	**60**	30
2011	**37197**	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	6.29	0.083	**121**	33	3	5	**60**	20
	20245	Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)	6.50	0.075	**160**	40	15	15	**60**	30
2013	**43262**	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	6.60	0.082	**138**	33	10	5	**60**	30
2013	**43263**	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	6.60	0.082	**138**	33	10	5	**60**	30
2013	**43264**	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	6.73	0.085	**136**	33	10	5	**60**	28
2012	**37212**	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	7.06	0.090	**138**	40	3	5	**60**	30
2012	**52353**	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	7.50	0.101	**133**	33	5	15	**60**	20
2011	**52240**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	7.50	0.101	**133**	33	5	15	**60**	20
2011	**36253**	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	7.55	0.101	**131**	33	3	5	**60**	30
2013	**52356**	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	8.00	0.110	**133**	33	5	15	**60**	20
2012	**37211**	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	8.00	0.105	**138**	40	3	5	**60**	30
2011	**52354**	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	8.00	0.110	**133**	33	5	15	**60**	20

Year	CPT	Long Descriptor	RVW	IWPUT	Total Time	EVAL	POSIT	SDW	INTRA	POST
2013	**43276**	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	8.94	0.123	**133**	33	10	5	**60**	25
2013	**93582**	Percutaneous transcatheter closure of patent ductus arteriosus	12.56	0.177	**156**	33	3	15	**60**	45

We recommend the survey median work RVU of 6.50. This relative value is supported by the key reference codes, the MPC codes, and recently reviewed 000-global codes with 60 minutes of intra-time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20245

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current Medicare utilization from the RUC database indicates 3,424 allowed claims, however, almost 5% of the claims have office as the site of service and 15% of the claims in the 5% Medicare file are for chronic ulcer of skin - many of these claims will be reported using 20240 when the new CPT descriptors are published in 2017 and education is disseminated. Although the incidence of bone infection and bone lesions in any given year cannot be predicted, we anticipate the utilization for 20245 will decrease and the specialty mix will change. We only show an estimated utilization for orthopaedic surgery, but recognize other surgical specialties may provide this service. We do not believe that non-surgeons would typically be performing a deep bone biopsy and that the utilization from these providers for this code are based on miscoding that will (hopefully) change with education.

Specialty orthopaedic surgery Frequency 2200 Percentage 73.33 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 11012

ISSUE: Bone Biopsy
TAB: 4

SOURCE	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	pre PKG	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST-FACILITY P-SD	POST-FACILITY PKG	POST-FACILITY 31	POST-FACILITY 38	POST-OFFICE 15	POST-OFFICE 14	POST-OFFICE 13	POST-OFFICE 12	POST-OFFICE 11
REF1	11012	Debridement including removal of fo	23	0.046			6.87			210		60					90			60								
REF2	20902	Bone graft, any donor area; major or	19	0.068			4.58			123		33	10	15			45			20								
current	20245	Biopsy, bone, open; deep (eg, hume		0.011			8.95			344		80					90			30		1	1	1	2			
SVY 07/14	20245	Biopsy, bone, open; deep (eg, hur	35	0.092	4.20	6.06	8.00	10.05	18.50	180		60	15	15	38	45	60	63	100	30								
SVY 10/15	20245	Biopsy, bone, open; deep (eg, hur	61	0.071	3.50	4.94	6.50	8.00	12.50	170		50	15	15	20	45	60	70	100	30								
REC	20245	Biopsy, bone, open; deep (eg, hur		0.075			6.50			160	4	40	15	15			60			30	9B							

Tab Number: 4

Issue: Bone Biopsy

Code(s): 20240, 20245

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	William Creevy, MD
Specialty Society:	American Academy of Orthopaedic Surgery
Date:	December 11, 2015

Tab Number: 4

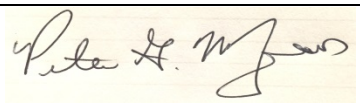
Issue: Bone Biopsy

Code(s): 20240, 20245

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Signature:	
Print Name:	Peter Mangone, MD
Specialty Society:	American Orthopaedic Foot and Ankle Society
Date:	December 13, 2015

Tab Number: 4

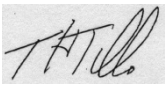
Issue: Bone Biopsy

Code(s): 20240, 20245

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Signature:	
Print Name:	Timothy Tillo, DPM
Specialty Society:	American Podiatric Medical Association
Date:	December 13, 2015

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

20245 Biopsy, bone, open; deep (eg, humerus, ischium, femur)

Global Period: 000 Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Advisors from the participating specialties reviewed the current PE details for 20245 and made adjustments as appropriate.

2. You must provide reference code(s) for comparison on your spreadsheet. Current inputs for 20245 are used as reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
The typical patient is a 60-year-old male with a 3-month history of left pelvis pain with no preceding history of trauma. He was initially seen by his primary care physician and placed on pain medication with a presumptive diagnosis of bursitis. His pain became disabling requiring a wheelchair and x-rays were obtained which revealed a lytic lesion in the ischio-acetabular region of the left hemipelvis.
Clinical staff will be used extensively prior to the procedure to perform the activities described below.

	FACILITY
Pre-Service Clinical Activities	Extensive use of Clinical Staff
Complete pre-service diagnostic and referral forms	5
Coordinate pre-service surgery services	10
Schedule space and equipment in facility	5
Provide pre-service education/obtain consent	7
Follow-up phone call and prescriptions	3
TOTAL	**30**

Service Clinical Labor Activities: N/A

Post-Service Clinical Labor Activities:
Clinical staff will contact the patient after discharge from the facility to reinforce discharge instructions and answer any family / patient questions about pain medications and activities.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

NOT PRICED IN THE OFFICE SETTING

CPT Long Descriptor:
Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)

Global Period: 000 Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Advisors from the participating specialties reviewed the current PE details for 20245 and made adjustments as appropriate.

2. You must provide reference code(s) for comparison on your spreadsheet. Current inputs for 20245 are used as reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff: N/A

	A	B	C	D	E	F	G
1				REF CODE		Recommend	
2				20245		20245	
3	**Meeting Date: 01/2016** **Tab: 4** **Specialty: AAOS, MSTS**	**CMS Code**	**Staff Type**	Biopsy, bone, open; deep (eg, humerus, ischium, femur)		Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**10**	**10**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**N/A**	**167**	**0**	**33**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**0**	**30**	**0**	**30**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**0**	**12**	**0**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**0**	**125**	**0**	**3**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L037D**	RN/LPN/MTA		**5**		**5**
13	Coordinate pre-surgery services	**L037D**	RN/LPN/MTA		**10**		**10**
14	Schedule space and equipment in facility	**L037D**	RN/LPN/MTA		**5**		**5**
15	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA		**7**		**7**
16	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA		**3**		**3**
17	Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	**L037D**	RN/LPN/MTA	**n/a**	**12**	**n/a**	**0**
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions	**L037D**	RN/LPN/MTA		**0**		**3**
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36		**2**		
53	99214 53 minutes		53		**1**		
54	99215 63 minutes		63				
55	**Total Office Visit Time**	**L037D**	RN/LPN/MTA	**0**	**125**	**0**	**0**
56	Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		**3**		
60	pack, post-op incision care (suture)	SA054	pack		**1**		
61							
62	**EQUIPMENT**	**CODE**					
63	light, exam	EQ168			**125**		
64	table, power	EF031			**125**		

AMA/Specialty Society RVS Update Committee Summary of Recommendations
010-Day Global Post-Operative Visits Screen

January 2015

Bone Biopsy Excisional

In January 2014, the RUC reviewed 010-day global services (based on 2012 Medicare utilization data) and identified 18 services with greater than 1.5 office visits and 2012 Medicare utilization greater than 1,000. The RUC requested these services be surveyed for work and review the practice expense for the September 2014 RUC meeting. In September, the RUC requested and CMS approved to change the global period from a 010-day global to a 000-day global for both CPT code 20240 and 20245 and the specialty societies presented survey data at the January 2015 meeting.

Prior to reviewing CPT code 20240, the specialty society presented compelling evidence that the work value for CPT code 20240 may be misvalued. The specialty noted that incorrect assumptions were made in the previous valuation of the service. The current intra-service time is based on a Harvard study of 8 general surgeons, while the pre- and post-service times were derived from an algorithm. Furthermore, the Harvard survey of general surgeons no longer represents the dominant provider, which is now podiatry. The RUC agreed with the specialty societies that there is compelling evidence that CPT code 20240 is potentially misvalued.

20240 Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
The RUC reviewed the survey responses from 71 podiatrists and orthopaedic surgeons and recommend the following physician time components: pre-service time of 58 minutes, intra-service time of 30 minutes and immediate post-service time of 30 minutes. The RUC agreed that an additional 7 minutes of positioning time above the standard pre-service time package 3 (straightforward patient, difficult procedure) to place the patient in the prone position with attention to padding and tourniquet application prior to the procedure.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty societies that the 25th percentile work RVU of 3.73 accurately values the physician work of CPT code 20240. To justify a work RVU of 3.73, the RUC compared the surveyed code to the key reference code 11044 *Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less* (work RVU= 4.10) and noted that the reference code has more intra-service time, 45 minutes compared to 30 minutes, and is correctly valued higher than code 20240. The RUC also reviewed MPC codes 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU= 3.50, intra-service time= 30 minutes) and 52224 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy* (work RVU= 4.05, intra-service time 30 minutes) and agreed that the recommended value for 20240 accurately fits between these two

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reference services. The RUC considered 13 recently reviewed 0-day global codes with 30 minutes of intra-operative time and noted that a majority of these codes are endoscopies (through a natural orifice) or percutaneous procedures through a vessel. These 13 0-day global codes provided additional support for the recommendation of 3.73 work RVUs for code 20240 as it transitions to a 0-day global period. **The RUC recommends a work RVU of 3.73 for CPT code 20240.**

20245 Biopsy, bone, open; deep (eg, humerus, ischium, femur)
During the discussion of CPT code 20245, the RUC noted several issues with the survey data. The specialty society explained that the survey sample was limited to a random sample of physician members of the Musculoskeletal Tumor Society (MSTS). This specialty was chosen since physicians in this society are more likely to perform this service than general orthopaedic surgeons. The RUC raised two concerns with this approach. First, the RUC was uncomfortable that the surveying specialties did not get Research Subcommittee approval to selectively target only members of the MSTS. Second, there were questions about the typical patient for this service. While the vast majority of survey respondents indicated that the typical patient has cancer, the Medicare 5% sample file does not indicate identification of a malignant lytic legion as any of the top diagnosis codes billed with 20245. Therefore, it was unclear whether or not the correct survey population was chosen.

In addition, the specialty societies indicated discomfort that this newly created 000-day global period service (previously 090-day) did not accurately value the work of the discharge day management service due to the use of the standard 000-day survey template. **The RUC agreed that CPT code 20245 should be referred to Research Subcommittee to approve a new survey sample which will incorporate a more general population and consider changes to the 000-day global survey template to better value the work of this major procedure. The specialty societies will present survey data at the April 2015 RUC meeting.**

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with no modifications as submitted by the specialty society and approved by the Practice Expense Subcommittee. The RUC notes the following:

- The RUC standard for 000-day and 010-day day codes is no pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that 30 minutes for facility-based procedures may apply to a select number of codes that require extensive use of clinical staff time. Although these two codes are transitioning to 000-day global assignment, both 20240 and 20245 are major procedures performed under general anesthesia. The specialty recommended and the RUC agreed that 30 minutes pre-service clinical staff work is justified.

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CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
20240	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)	000	3.73
20245	Biopsy, bone, open; deep (eg, humerus, ischium, femur)	000	Referral to Research Subcommittee and Present Survey Data at April 2015

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20240 Tracking Number Original Specialty Recommended RVU: **3.73**
Presented Recommended RVU: **3.73**
Global Period: 000 RUC Recommended RVU: **3.73**

CPT Descriptor: Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old diabetic with a history of a puncture wound presents with a hot, swollen, painful hindfoot. X-rays reveal a suspicious erosion on the plantar calcaneus. A core biopsy was non-diagnostic and a decision is made to perform an open bone biopsy of the calcaneus.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review medical records with attention to imaging, pathology, and labs. Assure appropriate selection, timing, and administration of pre-surgical antibiotic. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Verify that all required instruments and supplies are available. The patient is positioned prone. Bony prominences are padded and thermal regulation drapes are applied. The position of the extremities and head are assessed and adjusted as needed. Place tourniquet. Prep and drape foot. Inflate pneumatic tourniquet. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: Under anesthesia, a linear incision is made on the plantar aspect of the heel. The soft tissues are inspected and debridement of non-viable tissue is performed as necessary. The calcaneus is exposed and a specimen of bone is obtained for biopsy. The site is copiously lavaged, hemostasis is obtained and the wound is packed open centrally. The proximal and distal incisional margins are sutured.

Description of Post-Service Work: Apply sterile dressings. Discuss postoperative care with recovery room staff. Discuss surgery outcome with patient's family. Complete brief operative note and medication orders, and all required operative documentation. Monitor patient stabilization in the recovery room, including neurovascular status. After patient is awake, discuss surgery outcome and anticipated course with patient. Complete operative report and medical record documentation. When the patient is stable, make the decision for discharge. Discuss aftercare treatment with the patient, family and other healthcare professionals, including home restrictions (ie, activity, bathing). Reconcile medications with attention to pre-admission therapy, inpatient therapy and outpatient formulary and enter orders for continued pain medication as necessary. Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management. Inform the primary care or referring physician of discharge plans. All appropriate medical records are completed, including discharge summary and discharge instructions, and insurance forms.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	William Creevy MD; John Heiner MD; Tim Tillo DPM		
Specialty(s):	AAOS, APMA		
CPT Code:	20240		
Sample Size:	160	**Resp N:** 71	**Response:** 44.3 %
Description of Sample:	random selection from society email roster		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**6.00**	10.00	50.00
Survey RVW:	2.20	3.73	**4.50**	5.63	10.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	10.00	20.00	**30.00**	40.00	60.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	20240	**Recommended Physician Work RVU: 3.73**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**30.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
11044	000	4.10	**RUC Time**

CPT Descriptor Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20902	000	4.58	**RUC Time**

CPT Descriptor Bone graft, any donor area; major or large

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	21,204

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	48,946

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 33.8 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 21.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 20240	Top Key Reference CPT Code: 11044	2nd Key Reference CPT Code: **20902**
Median Pre-Service Time	58.00	51.00	58.00
Median Intra-Service Time	30.00	45.00	45.00
Median Immediate Post-service Time	30.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**118.00**	**116.00**	**123.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES *(of those that selected Key Reference codes)*	**Top Key Ref Code**	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.71	1.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.88	1.27
Urgency of medical decision making	0.54	0.87
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.33	0.40
Physical effort required	0.29	0.13
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.25	1.07
Outcome depends on the skill and judgment of physician	0.42	0.93
Estimated risk of malpractice suit with poor outcome	0.46	1.13

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.54	1.07

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background
In January 2014, the RUC reviewed 010-day global services (based on 2012 Medicare utilization data) and identified 18 services with >1.5 office visits and 2012 Medicare utilization data over 1,000. Code 20245 was identified in this screen and code 20240 was added as a family code. After an initial survey that showed wide variability in postoperative care, the specialties requested a 0-day global period for both codes. CMS approved this request.

Compelling Evidence
Incorrect assumptions were made in the previous valuation of the service: 1) Harvard-based with only intra-time estimated by 8 general surgeons – not the dominant or only provider. 2) Pre and post time were predicted by algorithm (ie, not surveyed). 3) The code was assigned a 10-day global period (ie, "minor" procedure) even though 80% of the time it is performed in a facility (40% inpatient) and under general anesthesia (ie, should have been a major procedure). 4) An IWPUT of 0.037 significantly undervalues the work for this procedure when compared with other procedures and services in the PFS (ie, the value is not "relative").

Recommendation
We recommend the survey 25th percentile work RVU of 3.73. This is supported by the key reference codes, the MPC codes and 13 other recently reviewed 000-global codes as discussed below.

Pre-Time
Add 7 minutes (total = 10 minutes) for positioning. Although we believe positioning time would be greater, we are recommending 10 minutes based on the survey median time for position. A total of 10 minutes for positioning is supported by CPT code 28120 *Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus* (reviewed by the RUC in 2011). The patient will be positioned prone, with attention to padding, and tourniquet application prior to the procedure.

Key Reference Comparison
Although the Key Reference codes have more intra-operative time, total time is similar. In addition, the intra-operative work and intra-work intensity are similar.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
20240	**Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)**	**3.73**	**0.066**	**118**	**58**	**30**	**30**
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	4.10	0.061	116	51	45	20
20902	Bone graft, any donor area; major or large	4.58	0.068	123	58	45	20

MPC Comparison
The dominant site of service for both MPC codes is the office, while a bone biopsy is performed in a facility 80% of the time under general anesthesia or complex regional block that requires additional pre-service work.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	3.50	0.083	79	29	30	20

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST
20240	**Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)**	**3.73**	**0.066**	**118**	**58**	**30**	**30**
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	4.05	0.101	79	29	30	20

Comparison to Other Recently Reviewed 000-global Codes

Thirteen recently reviewed 0-day global codes with 30 minutes of intra-operative time are shown in the table below. A majority of these codes are endoscopies (through a natural orifice) or percutaneous procedures through a vessel. These codes support the recommendation of 3.73 work RVUs for code 20240 as it transitions to a 0-day global period.

RUC	CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	Pre Pkg	PRE	INTRA	POST
2013	**43214**	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	**3.50**	**0.076**	**87**	**2b**	41	30	16
2012	**52214**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	**3.50**	**0.082**	**79**	**1b**	29	30	20
2013	**43246**	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	**3.66**	**0.083**	**86**	**2b**	41	30	15
2013	**43255**	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	**3.66**	**0.079**	**91**	**2b**	41	30	20
	20240	**Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)**	**3.73**	**0.066**	**118**	**3**	**58**	**30**	**30**
2012	**52224**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	**4.05**	**0.101**	**79**	**5**	29	30	20
2013	**43233**	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	**4.17**	**0.098**	**88**	**2b**	38	30	20
2012	**36221**	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	**4.17**	**0.083**	**108**	**2b**	48	30	30
2013	**43243**	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	**4.37**	**0.103**	**91**	**2b**	41	30	20
2013	**43244**	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	**4.50**	**0.107**	**91**	**2b**	41	30	20
2011	**52234**	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	**4.62**	**0.120**	**79**	**1b**	29	30	20
2011	**37191**	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	**4.71**	**0.120**	**83**	**2b**	38	30	15
2010	**93452**	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	**4.75**	**0.102**	**108**	**2b**	48	30	30
2010	**93454**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	**4.79**	**0.104**	**108**	**2b**	48	30	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20240

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,911
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2013 Medicare data

Specialty podiatry Frequency 1141 Percentage 39.19 %

Specialty orthopaedic surgery Frequency 348 Percentage 11.95 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 20240

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Bone Biopsy Excisional

TAB: 19

						RVW					Total	PRE	PRE			INTRA						Post	Post-Fac			Post-Off				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	31	38	39	15	14	13	12	11
REF-1	11044	Debridement, bone (includ	24	0.061			4.10			116	3	33	3	15			45			20										
REF-2	20902	Bone graft, any donor area	15	0.068			4.58			123		33	10	15			45			20										
HVD	20240	Biopsy, bone, open; super		0.037			3.28			116		14	0	15			39			13			0.5					1		
SVY	20240	Biopsy, bone, open; super	71	0.082	2.20	3.73	4.50	5.63	10.00	130		45	10	15	10	20	30	40	60	30										
REC	20240	25th pctl		0.066			3.73			118	3	33	10	15			30			30	9A									

19
Tab Number

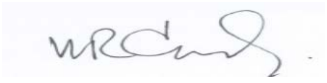
Bone Biopsy Excisional
Issue

20240, 20245
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



_____
Signature

William Creevy, MD
Printed Signature

American Academy of Orthopaedic Surgeons
Specialty Society

January 5, 2015
Date

19
Tab Number

Bone Biopsy Excisional
Issue

20240
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Timothy H. TIllo, DPM
Printed Signature

American Podiatric Medical Association
Specialty Society

January 5, 2015
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

20240 Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
20245 Biopsy, bone, open; deep (eg, humerus, ischium, femur)

Global Period: 000 Meeting Date: January 2015

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: AAOS and APMA Advisors reviewed the current practice expense details for 20240 and 20245.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Although these two codes are transitioning to 0-day global assignment, both 20240 and 20245 are major procedures performed under general anesthesia and with a significant percentage of patients admitted to the hospital. As such, the recommendation for 30 minutes pre-service clinical staff work is more than justified and probably the standard 60 minutes assigned to 90-day global codes is even more appropriate. We are recommending 30 minutes as a placeholder for pre-service clinical staff time until the RUC Practice Expense Subcommittee takes up the issue of reviewing pre-time clinical staff times for major procedures that transition to 0-day global.

Intra-Service Clinical Labor Activities:
20240: Six minutes for same day discharge to reflect dominant SOS (ie, facility outpatient and ASC).
20245: The typical patient will be discharged on a date after day of surgery. Thus, clinical staff discharge activities will be included in a separately reported discharge code and are not part of this 0-day global code.

Post-Service Clinical Labor Activities:
N/A

	A	B	C	D	E	F	G	H	I	J	K
1				PEAC 2004		Recommend		PEAC 2004		Recommend	
2	**more please bold the item name and CMS code.**			20240		20240		20245		20245	
3	**Meeting Date: January 2015 Tab: 19 Specialty: AAOS, APMA**	**CMS Code**	**Staff Type**	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)		Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)		Biopsy, bone, open; deep (eg, humerus, ischium, femur)		Biopsy, bone, open; deep (eg, humerus, ischium, femur)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**010**	**010**	**0**	**0**	**010**	**010**	**0**	**0**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**0**	**63**	**0**	**36**	**0**	**167**	**0**	**30**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**0**	**30**	**0**	**30**	**0**	**30**	**0**	**30**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**0**	**6**	**0**	**6**	**0**	**12**	**0**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**0**	**27**	**0**	**0**	**0**	**125**	**0**	**0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**10**		**10**		**10**		**10**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**5**		**5**		**5**		**5**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**7**		**7**		**7**		**7**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**3**		**3**		**3**		**3**
17	*Other Clinical Activity - *specify:*										
18	**End: When patient enters office/facility for surgery/procedure**										
19	**SERVICE PERIOD**										
20	**Start: When patient enters office/facility for surgery/procedure:**										
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**6**	**n/a**	**6**	**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	**12**	**n/a**	**0**
45	**End: Patient leaves office**										
46	**POST-SERVICE Period**										
47	**Start: Patient leaves office/facility**										
48	Conduct phone calls/call in prescriptions										
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16								
51	99212 27 minutes		27		**1**						
52	99213 36 minutes		36						**2**		
53	99214 53 minutes		53						**1**		
54	99215 63 minutes		63								
55	**Total Office Visit Time**	*L037D*	RN/LPN/MTA	**0**	**27**	**0**	**0**	**0**	**125**	**0**	**0**
57	**End: with last office visit before end of global period**										
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
59	pack, minimum multi-specialty visit	SA048	pack		**1**		**0**		**3**		**0**
60	pack, post-op incision care (suture)	SA054	pack		**1**		**0**		**1**		**0**
61	**EQUIPMENT**	**CODE**									
62	table, power	EF031			**27**		**0**		**125**		**0**
63	light, exam	EQ168			**27**		**0**		**125**		**0**

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2016

Insertion of Spinal Stability Distractive Device

At the May 2015 CPT meeting, the CPT Editorial Panel converted two Category III codes to Category I and added two Category III codes to describe the insertion of the interlaminar/interspinous process stability device. The specialty societies noted that, during their survey process, they learned that a CPT code change proposal to create Category I codes for insertion of spinal stability distraction device without decompression was submitted for consideration for the October 2015 CPT Editorial Panel meeting. The societies noted the codes in this new CPT proposal are closely related to those that were surveyed for the October 2015 RUC meeting , and therefore, requested for postponing consideration of CPT codes 22840, 228X1 and 228X2 until the January 2016 RUC meeting so both code sets could be reviewed simultaneously. The RUC agreed that the specialty societies should present CPT codes 22840, 228X1 and 228X2 at the January 2016 RUC meeting concurrently with the new CPT codes for insertion of spinal stability distraction device without decompression. At the October 2015 CPT meeting, the CPT Editorial Panel converted two Category III codes to Category I codes to report insertion of spinous distraction device(s) without concurrent performance of open decompression.

22840 ***Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)***
The specialty societies noted and the RUC agreed that CPT code 22840 is not part of the same code family as the new spinal stability distraction device codes. CPT code 22840 is part of a different family of rigid fixation codes intended to be used for spinal fusion and with additional fusion codes. This service is commonly performed with minimal open exposure, often on an outpatient basis, and has little in common with the technique of transarticular screw fixation, which is an open procedure performed on an inpatient basis.

228X1 ***Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level***
The RUC reviewed the survey results from 58 orthopaedic surgeons, neurosurgeons and spine surgeons and agreed on the following physician time components: pre-service time of 63 minutes (pre-time package of 3 with 12 minutes added to the standard package for positioning), intra-service time of 90 minutes and immediate post-service time of 30 minutes (post-service package 9B with 3 minutes removed from the standard package). The median survey immediate post-operative time was 20 minutes, though the CMS' 23-hour stay rule was also applied to this outpatient service. To apply CMS' rule, the intra-service time was reallocated from the same-day Evaluation and Management (E/M) code 99231 to the immediate post-service time (adding 10 minutes to the intra-service time). A majority of respondents (87%) indicated that the typical patient will stay overnight or be admitted. Of the survey respondents that indicated the patient was kept overnight, the majority indicated that the typical

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patient will require an E/M visit later the same day. The RUC agreed with the specialty that a ½ day discharge visit (99238) is appropriate for this procedure that is typically performed in a facility. The RUC also concurred with the specialty that three 99213 office visits during the 090-day global period are typical.

The RUC reviewed the survey 25th percentile physician work value and agreed that the survey respondents overvalued the work involved in performing this service. To determine an appropriate work value for 228X1, the RUC reviewed CPT code 29915 *Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)* (work RVU=15.00, intra-service time of 90 minutes, total time of 270 minutes) and noted that both services have similar physician work, identical intra-service time and nearly identical total time. Given these similarities, the RUC recommends a work RVU of 15.00, which is a direct crosswalk to CPT code 29915. To justify this value, the RUC compared 228X1 to CPT code 29916 *Arthroscopy, hip, surgical; with labral repair* (work RVU=15.00, intra-service time of 90 minutes, total time of 270 minutes) and noted that both services have similar physician work, identical intra-service time and nearly identical total times. **The RUC recommends a work RVU of 15.00 for CPT code 228X1.**

228X2 ***Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 49 orthopaedic surgeons, neurosurgeons and spine surgeons and agreed on the following physician time components: intra-service time of 45 minutes.

The RUC reviewed the surveyed 25th percentile work RVU of 4.00 and agreed with the specialties that this value appropriately accounts for the physician work involved. To justify a work RVU of 4.00, the RUC compared the survey code to MPC code 57267 *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)* (work RVU=4.88, intra-service time of 45 minutes) and noted that both services have identical intra-service time and total time, supporting the proposed work RVU for the survey code. The RUC also reviewed CPT code 37237 *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)* (work RVU= 4.25, intra-service time of 45 minutes, total time of 47 minutes) and noted that both services have similar physician work, identical intra-service times and similar total times. **The RUC recommends a work RVU of 4.00 for CPT code 228X2.**

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228X4 ***Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level***
The RUC reviewed the survey results from 58 orthopaedic surgeons, neurosurgeons and spine surgeons and agreed on the following physician time components: pre-service time of 63 minutes (pre-time package of 3 with 12 minutes added to the standard package for positioning), intra-service time of 43 minutes and immediate post-service time of 30 minutes (post-service package 9B with 3 minutes removed from the standard package). The median survey immediate post-operative time was 20 minutes, though the CMS' 23-hour stay rule was also applied to this outpatient service. To apply CMS' rule, the intra-service time was reallocated from the same-day E/M code 99231 to the immediate post-service time (adding 10 minutes to the intra-service time). A majority of respondents (71%) indicated that the typical patient will stay overnight or be admitted. Of the survey respondents that indicated the patient was kept overnight, the majority indicated that the typical patient will require an E/M visit later the same day. The RUC agreed with the specialty that a ½ day discharge visit (99238) is appropriate for this procedure that is typically performed in a facility. The RUC also concurred with the specialty that one 99213 office visit and one 99212 office visit during the 090-day global period are typical.

The RUC reviewed the survey 25th percentile physician work value and agreed that the survey respondents overvalued the work involved in performing this service. To determine an appropriate work value for 228X4, the RUC reviewed CPT code 29880 *Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed* (work RVU= 7.39, intra-service time of 45 minutes, total time of 199 minutes) and noted that both services have similar physician work, near identical intra-service times, though the survey code has more total time. Given these similarities, the RUC recommends a work RVU of 7.39, which is a direct crosswalk to CPT code 29880. To justify this value, the RUC compared 228X4 to CPT code 22511 *Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral* (work RVU= 7.58, intra-service time of 45 minutes, total time of 160 minutes) and noted that both services have similar physician work, near identical intra-service times, though the survey code has more total time. **The RUC recommends a work RVU of 7.39 for CPT code 228X4.**

228X5 ***Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 49 orthopaedic surgeons, neurosurgeons and spine surgeons and agreed on the following physician time components: intra-service time of 30 minutes.

The RUC reviewed the survey 25th percentile physician work value and agreed that the survey respondents overvalued the work involved in performing this service. To determine an appropriate work value for 228X5, the RUC reviewed CPT code 22103 *Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)* (work RVU= 2.34, intra-service time of 30 minutes) and noted that both services have

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similar physician work, identical intra-service and total times. Given these similarities, the RUC recommends a work RVU of 2.34, which is a direct crosswalk to CPT code 22103. To justify this value, the RUC compared 228X5 to MPC code 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* (work RVU= 2.25, intra-service time of 30 minutes) and note that both services have identical intra-service times and total times, whereas the survey code involves somewhat more intensity. **The RUC recommends a work RVU of 2.34 for CPT code 228X5.**

New Technology
These services will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with the minor modifications as approved by the Practice Expense Subcommittee.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Musculoskeletal System **Spine (Vertebral Column)**				
22100		*Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical*		
22101		*thoracic*		
22102		*lumbar*		
		(For insertion of posterior spinous process distraction devices, see ~~0171T, 0172T~~ 228X1, 228X2, ~~043X3, 043X4~~228X4, 228X5)		
22851		*Application of intervertebral biomechanical device(s) (eg,synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)*		

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		(Use 22851 in conjunction with 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630,22633, 22634, 22800-22812, 63001-63030, 63040-63042,63045-63047, 63050-63056, 63064, 63075, 63077, 63081,63085, 63087, 63090, 63101, 63102, 63170-63290,63300-63307) *(For application of an intervertebral bone device/graft,see 20930-20938)* *(For insertion of posterior spinous process distraction devices, see ~~0171T, 0172T~~ 228X1, 228X2, ~~043X3, 043X4~~*228X4, 228X5*)*		
✚22840(f)	A1	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure) (Use 22840 in conjunction with 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, 63300-63307) (For insertion of posterior spinous process distraction devices, see ~~0171T, 0172T~~ 228X1, 228X2, ~~043X3, 043X4~~228X4, 228X5)	ZZZ	Specialty Society – Code Not Part of the Family
D0171T		~~Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumber; single level~~		
D✚0172T		~~each additional level (List separately in addition to code for primary procedure)~~ (0171T has been deleted. To report insertion of interlaminar/interspinous process stabilization/distraction device,		

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		without fusion, including image guidance when performed, with open decompression, lumbar; single level, see ~~228X1~~228X1. To report insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level see 228X4) (0172T has been deleted. To report insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level, see ~~228X2~~228X2. To report insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level see 228X5)		
●228X1	A2	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	090	15.00
✚●228X2	A3	second level (List separately in addition to code for primary procedure) *(Report 228X2 in conjunction with 228X1)* *(Do not report 228X1, 228X2 in conjunction with 22532, 22533, 22534, 22558, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22840, 22841, 22842, 63005, 63012, 63017, 63030, 63035, 63042, 63044, 63047, 63048, 77003, ~~043X3, 043X4~~ 228X4, 228X5 for the same level)* *(For insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, use 228X4)*	ZZZ	4.00

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●228X4	A4	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	090	7.39
✚●228X5	A5	second level (List separately in addition to code for primary procedure) *(Report 228X5 in conjunction with 228X4)* *(Do not report 228X4, 228X5 in conjunction with 22532, 22533, 22534, 22558, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22840, 22841, 22842, 63005, 63012, 63017, 63030, 63035, 63042, 63044, 63047, 63048, 77003)*	ZZZ	2.34

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:228X1 Tracking Number A2 Original Specialty Recommended RVU: **16.47**
Presented Recommended RVU: **16.47**
Global Period: 090 RUC Recommended RVU: **15.00**

CPT Descriptor: Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old woman presents with a 6-month history of progressive low back pain and leg pain unresponsive to conservative treatments including physical therapy, oral medications and an epidural steroid injection. MRI demonstrates severe spinal stenosis at the L4-5 level. Patient is scheduled for an L4-5 lumbar decompression and implantation of an interlaminar/interspinous process stabilization/distraction device.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 95% , In the ASC 5%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 13% , Overnight stay-less than 24 hours 51% , Overnight stay-more than 24 hours 36%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 54%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Perform a targeted H&P. Write orders for preoperative medications and performance standards. Review the surgical procedure, postoperative recovery in and out of the hospital, and expected outcome(s) with the patient and family. Sign and mark the operative site. Obtain informed consent. Verify that all necessary surgical instruments, supplies, and devices are available in the operative suite. Review imaging, and select and display appropriate pictures. Review the length and type of anesthesia with the anesthesiologist. Monitor initial patient positioning for induction of anesthesia. Following induction of anesthesia, assist with repositioning of patient prone with the lumbar spine in flexion. Verify and/or assist with padding of patient to prevent pressure on neurovascular structures. Supervise prepping/draping of the patient. Scrub and gown. Perform a time out to confirm patient and procedure with the OR staff.

Description of Intra-Service Work: Intraoperative imaging is used to identify the correct level and plan the surgical incision. A posterior lumbar incision is made through the skin, subcutaneous tissue, and lumbosacral fascia. Markers are placed and intraoperative imaging is utilized to again confirm the correct level of surgery. A complete decompression of the spinal stenosis removing any obstructing soft or bony tissue is performed. The lamina and spinous processes of the involved segment are fashioned and prepared to allow for the neutral stabilization of the affected vertebral levels. A measuring device is used to determine the size of the interlaminar stabilization device. The implant is selected and the size is verified. The implant is inserted and fixed into place. Final imaging (AP and lateral fluoroscopy) is obtained to confirm proper implant position. Copious irrigation is used and the wound is closed in layers.

Description of Post-Service Work:

Hospital: Apply sterile dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and outcome with family in waiting area. Write brief operative note or complete final operative note in chart. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Write orders for transferring to surgical floor and discuss ongoing care with floor nurses.

Later same day and on each day patient is in the facility, monitor and document patient progress. Assess pain scores and adequacy of analgesia. Review nursing/other staff patient chart notes. Write orders for labs, imaging, medications, diet, and patient activity. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions.

Next day or several days later. Write orders for follow-up, post-discharge labs, imaging, home care, and physical therapy. Write prescriptions for medications needed post-discharge. Home restrictions (ie, diet, activity, bathing) are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Office: Write orders for medications and follow-up films. Review post-discharge films. Examine patient, performing periodic neurological exams. Monitor wounds and remove sutures. Review use and proper fit of brace with patient. Review physical therapy progress and revise orders as needed. Dictate patient progress notes for the medical chart. Answer questions (oral and written) from patient, family and insurance staff. Discuss patient progress with referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	John Ratlilff, MD; Alexander Mason, MD; Henry Woo, MD; Charles Mick, MD; Karin Swartz, MD; Morgan Lorio, MD; William Creevy, MD; John Heiner, MD		
Specialty(s):	AANS/CNS, NASS, ISASS, AAOS		
CPT Code:	228X1		
Sample Size:	1403	**Resp N:** 58	**Response:** 4.1 %
Description of Sample:	AAOS: A random selection from membership database. Targeted samples within society membership approved by Research Subcommittee: AANS/CNS. A random selection from the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves. NASS. A random selection of only "surgeon" members of NASS (ie, there are also non-surgeon members). ISASS: A random selection of only U.S. surgeon members of ISASS (ie, this is an international society that includes non U.S. members).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	8.00	60.00
Survey RVW:	10.00	16.47	**18.00**	21.88	28.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	56.00	**90.00**	90.00	180.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	228X1	**Recommended Physician Work RVU: 15.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63047	090	15.37	**RUC Time**

CPT Descriptor Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63005	090	16.43	**RUC Time**

CPT Descriptor Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
60500	090	15.60	**RUC Time**	14,522

CPT Descriptor 1 Parathyroidectomy or exploration of parathyroid(s);

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	18.00	**RUC Time**	6,589

CPT Descriptor 2 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 29.3 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 22.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 228X1	**Top Key Reference CPT Code:** 63047	**2nd Key Reference CPT Code:** **63005**
Median Pre-Service Time	63.00	75.00	85.00
Median Intra-Service Time	90.00	90.00	143.00
Median Immediate Post-service Time	30.00	30.00	35.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	60.00	80.00
Median Discharge Day Management Time	19.0	38.00	38.00
Median Office Visit Time	69.0	69.00	69.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**271.00**	**362.00**	**450.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.71	0.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.53	0.23
Urgency of medical decision making	0.24	0.00

Technical Skill/Physical Effort (Mean)

Technical skill required	0.82	0.54
Physical effort required	0.65	0.31

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.65	0.15
Outcome depends on the skill and judgment of physician	0.53	0.46
Estimated risk of malpractice suit with poor outcome	0.47	0.31

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.94	0.62

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the June 2006 CPT Panel meeting, the Panel approved two Category III codes to report insertion of posterior lumbar spinous process distraction devices.

0171T Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level

0172T each additional level (List separately in addition to code for primary procedure)

At the May 2015 CPT Panel meeting, two new Category I codes (228X1 and 228X2) were approved for reporting the insertion of an interlaminar stabilization device to stabilize the spine following open decompression for the treatment of lumbar spinal stenosis at one or two levels. At this same meeting, the Panel established two Category III codes to report interlaminar stabilization insertion without open decompression.

228X1 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level

228X2 second level (List separately in addition to code for primary procedure)

043XT Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level

043XT second level (List separately in addition to code for primary procedure)

During the process of conducting a RUC survey of the two new codes in July 2015, the AANS/CNS, NASS, and AAOS were informed that a coding change proposal was submitted by individual practitioners to convert the new Category III codes for interlaminar stabilization insertion **without** open decompression to Category I status. The RUC Advisors from AANS/CNS, NASS, and AAOS petitioned the RUC to delay presentation of the survey data collected for 228X1 and 228X2 until after the October 2015 CPT meeting so that data for all four codes could be presented together. The RUC approved this request, but with the caveat that 228X1 and 228X2 would have to be resurveyed (ie, the RUC wanted all four codes surveyed together).

At the October 2015 CPT Panel meeting, the Category III codes were converted to Category I codes (228X4 and 228X5). These two new codes describe interlaminar stabilization insertion **without** open decompression in contrast to the two codes (228X1 and 228X2) approved previously that describe interlaminar stabilization insertion **with** open decompression. None of the four codes include fusion.

228X1	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
228X2	second level (List separately in addition to code for primary procedure)
228X4	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
228X5	second level (List separately in addition to code for primary procedure)

Discuss of Survey Process and Respondent Experience

All four codes were included on one survey instrument. For codes 228X1 and 228X4, the question for site of service and E/M on the same day that is standard in the 10 and 90 day global survey was added. The survey request was sent to a random selection from the AAOS membership database. In addition, targeted samples within the AANS/CNS, NASS, and ISASS membership databases were approved by Research Subcommittee: A random selection from the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves. A random selection of only "surgeon" members of NASS (ie, there are also non-surgeon members). A random selection of only U.S. surgeon members of ISASS (ie, this is an international society that includes non U.S. members).

For the first two codes 228X1 and 228X2, the selection of respondents was random as described above and without consideration of any possible overlap from the previous survey. In addition, for this current survey, a new society (ISASS) also surveyed its members. Therefore, the survey data from the two separate surveys of codes 228X1 and 228X2 were not combined. However, on the RUC Summary Excel file, we show the summary data from the previous survey of codes 228X1 and 228X2 in the rows above the current survey data. In addition, we note that we are using the current survey data from the survey of all four codes on one instrument for our recommendations. We also note that three of the four codes have a median experience of zero. This issue will be discussed individually for each code where it applies.

Recommendation – 228X1

We recommend the survey 25th percentile work RVU of 16.47 for code 228X1.

Pre-Time Package 4

Evaluation: No change in package time of 40 minutes.
Positioning: Add 12 minutes (total = 15 minutes) to position the patient prone with the lumbar spine in flexion.
Scrub, dress, wait: Subtract 5 minutes (total = 15 minutes) to be consistent with the median survey time.

Immediate Postoperative Time and Post-time Package 9b

The median survey immediate post-operative time was 20 minutes. A majority of respondents (87%) indicated that the typical patient will stay overnight or be admitted. The respondents also indicated that the typical patient will require a E/M visit later the same day. Because CMS does not allow reporting inpatient E/M codes for procedures that will have a facility status of outpatient, we have added 10 minutes (total = 30 minutes) to the survey immediate post-time to reflect time for a visit later on the same day. We note that 30 minutes is less than the time for the recommended post-time package.

Key Reference Comparison

Code 228X1 is more intense and complex than key reference code 63047, especially with respect to the technical skill required.

MPC Comparison

CPT	Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	33	38	13	12
60500	Parathyroidectomy or exploration of parathyroid(s);	**15.60**	0.086	313	72	**120**	40		0.5	2	1
228X1	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	**16.47**	0.121	278	70	**90**	30		0.5	3	
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	**18.00**	0.121	322	63	**90**	30	1	1	2	

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0171T

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty neurosurgery Frequency 250 Percentage 50.00 %

Specialty orthopaedic surgery Frequency 250 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 22610

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:228X2 Tracking Number A3 Original Specialty Recommended RVU: **4.00**
Presented Recommended RVU: **4.00**
Global Period: ZZZ RUC Recommended RVU: **4.00**

CPT Descriptor: Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old woman presents with a 6-month history of progressive low back pain and leg pain unresponsive to conservative treatments including physical therapy, oral medications and an epidural steroid injection. MRI demonstrates severe spinal stenosis at the L3-4 and L4-5 levels. Patient is scheduled for an L3-4 and L4-5 lumbar decompression and implantation of interlaminar/interspinous process stabilization/distraction devices. The L4-5 level has just been completed and now the L3-4 level is addressed.
[Note: CPT code 228XB is an add-on service. Only consider the additional physician work related to the second level.]

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: n/a

Description of Intra-Service Work: After insertion of the initial lumbar interlaminar/interspinous process stabilization/distraction device with decompression (reported separately), the incision is extended to expose the adjacent level. A complete decompression of the spinal stenosis removing any obstructing soft or bony tissue is performed at this second level. The lamina and spinous processes of the involved segment are fashioned and prepared to allow for the neutral stabilization of the affected vertebral levels. A measuring device is used to determine the size of the interlaminar stabilization device. The implant is selected and the size is verified. The implant is inserted and fixed into place. Final imaging (AP and lateral fluoroscopy) is obtained to confirm proper implant position. Copious irrigation is used and the wound is closed in layers.

Description of Post-Service Work: n/a

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	John Ratlilff, MD; Alexander Mason, MD; Henry Woo, MD; Charles Mick, MD; Karin Swartz, MD; Morgan Lorio, MD; William Creevy, MD; John Heiner, MD		
Specialty(s):	AANS/CNS, NASS, ISASS, AAOS		
CPT Code:	228X2		
Sample Size:	1403	**Resp N:** 49	**Response:** 3.4 %
Description of Sample:	AAOS: A random selection from membership database. Targeted samples within society membership approved by Research Subcommittee: AANS/CNS. A random selection from the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves. NASS. A random selection of only "surgeon" members of NASS (ie, there are also non-surgeon members). ISASS: A random selection of only U.S. surgeon members of ISASS (ie, this is an international society that includes non U.S. members).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	3.00	30.00
Survey RVW:	2.34	4.00	**5.50**	8.00	15.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	30.00	**45.00**	60.00	180.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	228X2	**Recommended Physician Work RVU: 4.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63048	ZZZ	3.47	**RUC Time**

CPT Descriptor Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22534	ZZZ	5.99	**RUC Time**

CPT Descriptor Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	**RUC Time**	7,891

CPT Descriptor 1 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source

37237 ZZZ 4.25 **RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 48.9 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 12.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 228X2	**Top Key Reference CPT Code:** 63048	**2nd Key Reference CPT Code:** **22534**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	45.00	45.00	60.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**45.00**	**45.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.54	0.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.46	0.17

Urgency of medical decision making	0.17	0.00

Technical Skill/Physical Effort (Mean)

Technical skill required	0.75	0.00
Physical effort required	0.58	0.33

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.54	0.50
Outcome depends on the skill and judgment of physician	0.58	0.33
Estimated risk of malpractice suit with poor outcome	0.38	0.33

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.75	0.17

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the June 2006 CPT Panel meeting, the Panel approved two Category III codes to report insertion of posterior lumbar spinous process distraction devices.

0171T Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level

0172T each additional level (List separately in addition to code for primary procedure)

At the May 2015 CPT Panel meeting, two new Category I codes (228X1 and 228X2) were approved for reporting the insertion of an interlaminar stabilization device to stabilize the spine following open decompression for the treatment of lumbar spinal stenosis at one or two levels. At this same meeting, the Panel established two Category III codes to report interlaminar stabilization insertion without open decompression.

228X1 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level

228X2 second level (List separately in addition to code for primary procedure)

043XT Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level

043XT second level (List separately in addition to code for primary procedure)

During the process of conducting a RUC survey of the two new codes in July 2015, the AANS/CNS, NASS, and AAOS were informed that a coding change proposal was submitted by individual practitioners to convert the new Category III codes for interlaminar stabilization insertion **without** open decompression to Category I status. The RUC Advisors from AANS/CNS, NASS, and AAOS petitioned the RUC to delay presentation of the survey data collected for 228X1 and 228X2 until after the October 2015 CPT meeting so that data for all four codes could be presented together. The RUC approved this request, but with the caveat that 228X1 and 228X2 would have to be resurveyed (ie, the RUC wanted all four codes surveyed together).

At the October 2015 CPT Panel meeting, the Category III codes were converted to Category I codes (228X4 and 228X5). These two new codes describe interlaminar stabilization insertion **without** open decompression in contrast to the two codes (228X1 and 228X2) approved previously that describe interlaminar stabilization insertion **with** open decompression. None of the four codes include fusion.

228X1 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level

228X2 second level (List separately in addition to code for primary procedure)

228X4 Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level

228X5 second level (List separately in addition to code for primary procedure)

Discuss of Survey Process and Respondent Experience

All four codes were included on one survey instrument. For codes 228X1 and 228X4, the question for site of service and E/M on the same day that is standard in the 10 and 90 day global survey was added. The survey request was sent to a random selection from the AAOS membership database. In addition, targeted samples within the AANS/CNS, NASS, and ISASS membership databases were approved by Research Subcommittee: A random selection from the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves. A random selection of only "surgeon" members of NASS (ie, there are also non-surgeon members). A random selection of only U.S. surgeon members of ISASS (ie, this is an international society that includes non U.S. members).

For the first two codes 228X1 and 228X2, the selection of respondents was random as described above and without consideration of any possible overlap from the previous survey. In addition, for this current survey, a new society (ISASS) also surveyed its members. Therefore, the survey data from the two separate surveys of codes 228X1 and 228X2 were not combined. However, on the RUC Summary Excel file, we show the summary data from the previous survey of codes 228X1 and 228X2 in the rows above the current survey data. In addition, we note that we are using the current survey data from the survey of all four codes on one instrument for our recommendations. We also note that three of the four codes have a median experience of zero. This issue will be discussed individually for each code where it applies.

Recommendation – 228X2

Although the first survey (07/15) for code 228X2 had a median experience of 2, the second survey (10/15) resulted in a median experience of zero.

Time. Our expert panel agree that the current survey median additional intraoperative time of 45 minutes correctly reflects the time required for this this add-on service. We also note that 45 minutes is the same median time in the 07/15 survey data and the same median time for those respondents with experience in the current survey. **We therefore recommend a median intraoperative time of 45 minutes.**

Work RVU. The median and 25th percentile work RVU for the current survey is less than the statistics from the 07/15 survey which had more respondents with experience. We also note that the work RVU statistics in the current survey from respondents with experience are higher than the same data points from those without experience. Our expert panel agrees that the complexity and intensity of 228X2 is greater than 63048 and the work RVU should be higher. **We therefore recommend the (current) survey 25th percentile work RVU of 4.00 for code 228X2.**

We also recommend that this code be tagged in the RUC database as "Do not use to validate physician work" until such time that a RUC survey is conducted that results in a majority of respondents that have experience in the past 12 months.

Key Reference Comparison

Code 228X2 is more intense and complex than key reference code 63048, especially with respect to the technical skill required.

MPC and Other Code Comparison

There are very few ZZZ MPC codes and only one that corresponds to intraoperative time (57267). However, there are other recently reviewed ZZZ codes with similar intensity/complexity that support the recommended work RVU.

CPT	Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST
228X2	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	**4.00**	0.089	45	0	**45**	0
57267 MPC	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)	**4.88**	0.108	45	0	**45**	0
37233 (2010)	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	**4.25**	0.093	47	1	**45**	1
37237 (2013)	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	**4.25**	0.093	47	1	**45**	1
61651 (2015)	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	**4.25**	0.094	45	0	**45**	0

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. reported with 228XX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0172T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 150
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty neurosurgery Frequency 75 Percentage 50.00 %

Specialty orthopaedic surgery Frequency 75 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 22328

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:228X4 Tracking Number A4 Original Specialty Recommended RVU: **7.58**
Presented Recommended RVU: **7.39**
Global Period: 090 RUC Recommended RVU: **7.39**

CPT Descriptor: Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A skeletally mature adult with progressive low back pain and leg pain due to a history of neurogenic claudication is unresponsive to conservative treatments. The patient achieves some relief from symptoms in flexion. Imaging confirms mild-moderate spinal stenosis at the L4-5 level, with approximately 50% reduction in spinal canal area. The implantation of a posterior interspinous process distraction device at one level without an open decompression or a fusion is recommended.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 88% , In the ASC 12%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 29% , Overnight stay-less than 24 hours 47% , Overnight stay-more than 24 hours 24%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 53%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Perform a targeted H&P. Write orders for preoperative medications and performance standards. Review the surgical procedure, postoperative recovery in and out of the hospital, and expected outcome(s) with the patient and family. Sign and mark the operative site. Obtain informed consent. Verify that all necessary surgical instruments, supplies, and devices are available in the operative suite Review imaging, and select and display appropriate pictures. Review the length and type of anesthesia with the anesthesiologist. Monitor initial patient positioning for induction of anesthesia. Following induction of anesthesia, assist with repositioning of patient prone with the lumbar spine in flexion. Verify and/or assist with padding of patient to prevent pressure on neurovascular structures and placement of chin straps and arm traction devices to facilitate intraoperative imaging. Supervise prepping/draping of the patient. Scrub and gown. Perform a time out to confirm patient and procedure with the OR staff.

Description of Intra-Service Work: Intraoperative imaging is used to identify the correct level and plan the surgical incision. A posterior lumbar incision is made through the skin, subcutaneous tissue, and lumbosacral fascia. A dilator is inserted through the incision and advanced between the spinous processes and into the interspinous process space under fluoroscopic guidance to confirm levels, position and depth. Additional larger dilators are inserted until the space is distracted to the correct degree. A gauge is used to determine the distance between the two spinous processes, and determine the appropriate implant size. The implant is selected and size verified. The implant is inserted and fixed into place. Final imaging (AP and lateral fluoroscopy) is obtained to confirm proper implant position. Copious irrigation is used and the wound is closed in layers.

Description of Post-Service Work:
Hospital: Apply sterile dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Discuss procedure and outcome with family in waiting area. Write brief operative note or complete final operative note in chart. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Write orders for transferring to surgical floor and discuss ongoing care with floor nurses.

Later same day and on each day patient is in the facility, monitor and document patient progress. Assess pain scores and adequacy of analgesia. Review nursing/other staff patient chart notes. Write orders for labs, imaging, medications, diet, and patient activity. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions.

Next day or several days later. Write orders for follow-up, post-discharge labs, imaging, home care, and physical therapy. Write prescriptions for medications needed post-discharge. Home restrictions (ie, diet, activity, bathing) are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Postoperative Work - In Office: Write orders for medications and follow-up films. Review post-discharge films. Examine patient, performing periodic neurological exams. Monitor wounds and remove sutures. Review use and proper fit of brace with patient. Review physical therapy progress and revise orders as needed. Dictate patient progress notes for the medical chart. Answer questions (oral and written) from patient, family and insurance staff. Discuss patient progress with referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	John Ratlilff, MD; Alexander Mason, MD; Henry Woo, MD; Charles Mick, MD; Karin Swartz, MD; Morgan Lorio, MD; William Creevy, MD; John Heiner, MD		
Specialty(s):	AANS/CNS, NASS, ISASS, AAOS		
CPT Code:	228X4		
Sample Size:	1403	**Resp N:** 58	**Response:** 4.1 %
Description of Sample:	AAOS: A random selection from membership database. Targeted samples within society membership approved by Research Subcommittee: AANS/CNS. A random selection from the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves. NASS. A random selection of only "surgeon" members of NASS (ie, there are also non-surgeon members). ISASS: A random selection of only U.S. surgeon members of ISASS (ie, this is an international society that includes non U.S. members).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	2.00	30.00
Survey RVW:	8.00	11.87	**12.88**	15.58	23.53
Pre-Service Evaluation Time:			**53.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	15.00	30.00	**43.00**	60.00	240.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**39.00**	99211x **0.00** 12x **1.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	228X4	**Recommended Physician Work RVU: 7.39**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**43.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**39.00**	99211x **0.00** 12x **1.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22102	090	11.08	**RUC Time**

CPT Descriptor Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63047	090	15.37	**RUC Time**

CPT Descriptor Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33240	090	6.05	**RUC Time**	870

CPT Descriptor 1 Insertion of implantable defibrillator pulse generator only; with existing single lead

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67904	090	7.97	**RUC Time**	50,117

CPT Descriptor 2 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach

Other Reference CPT Code	Global	Work RVU	Time Source
22511	010	7.58	**RUC Time**

CPT Descriptor Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral

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RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26 **% of respondents:** 44.8 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 24.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 228X4	**Top Key Reference CPT Code:** 22102	**2nd Key Reference CPT Code:** **63047**
Median Pre-Service Time	63.00	75.00	75.00
Median Intra-Service Time	43.00	90.00	90.00
Median Immediate Post-service Time	30.00	32.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	60.00	60.00
Median Discharge Day Management Time	19.0	38.00	38.00
Median Office Visit Time	39.0	92.00	69.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**194.00**	**387.00**	**362.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.08	0.36
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.19	0.14
Urgency of medical decision making	-0.08	-0.07

Technical Skill/Physical Effort (Mean)

Technical skill required	0.35	0.14
Physical effort required	0.27	0.07

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.12	0.00
Outcome depends on the skill and judgment of physician	0.46	0.29
Estimated risk of malpractice suit with poor outcome	0.35	0.21

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.27	0.29

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the June 2006 CPT Panel meeting, the Panel approved two Category III codes to report insertion of posterior lumbar spinous process distraction devices.

0171T Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level

0172T each additional level (List separately in addition to code for primary procedure)

At the May 2015 CPT Panel meeting, two new Category I codes (228X1 and 228X2) were approved for reporting the insertion of an interlaminar stabilization device to stabilize the spine following open decompression for the treatment of lumbar spinal stenosis at one or two levels. At this same meeting, the Panel established two Category III codes to report interlaminar stabilization insertion without open decompression.

228X1 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level

228X2 second level (List separately in addition to code for primary procedure)

043XT Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level

043XT second level (List separately in addition to code for primary procedure)

During the process of conducting a RUC survey of the two new codes in July 2015, the AANS/CNS, NASS, and AAOS were informed that a coding change proposal was submitted by individual practitioners to convert the new Category III codes for interlaminar stabilization insertion **without** open decompression to Category I status. The RUC Advisors from AANS/CNS, NASS, and AAOS petitioned the RUC to delay presentation of the survey data collected for 228X1 and 228X2 until after the October 2015 CPT meeting so that data for all four codes could be presented together. The RUC approved this request, but with the caveat that 228X1 and 228X2 would have to be resurveyed (ie, the RUC wanted all four codes surveyed together).

At the October 2015 CPT Panel meeting, the Category III codes were converted to Category I codes (228X4 and 228X5). These two new codes describe interlaminar stabilization insertion **without** open decompression in contrast to the two codes (228X1 and 228X2) approved previously that describe interlaminar stabilization insertion **with** open decompression. None of the four codes include fusion.

228X1 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level

228X2 second level (List separately in addition to code for primary procedure)

228X4 Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level

228X5 second level (List separately in addition to code for primary procedure)

Discuss of Survey Process and Respondent Experience

All four codes were included on one survey instrument. For codes 228X1 and 228X4, the question for site of service and E/M on the same day that is standard in the 10 and 90 day global survey was added. The survey request was sent to a random selection from the AAOS membership database. In addition, targeted samples within the AANS/CNS, NASS, and ISASS membership databases were approved by Research Subcommittee: A random selection from the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves. A random selection of only "surgeon" members of NASS (ie, there are also non-surgeon members). A random selection of only U.S. surgeon members of ISASS (ie, this is an international society that includes non U.S. members).

For the first two codes 228X1 and 228X2, the selection of respondents was random as described above and without consideration of any possible overlap from the previous survey. In addition, for this current survey, a new society (ISASS) also surveyed its members. Therefore, the survey data from the two separate surveys of codes 228X1 and 228X2 were not combined. However, on the RUC Summary Excel file, we show the summary data from the previous survey of codes 228X1 and 228X2 in the rows above the current survey data. In addition, we note that we are using the current survey data from the survey of all four codes on one instrument for our recommendations. We also note that three of the four codes have a median experience of zero. This issue will be discussed individually for each code where it applies.

Recommendation – 228X4

The survey for 228X4 resulted in a median experience of zero.

Time. Our expert panel agree that code 228X4 will take considerably less intra-operative time than 228X1 and that the survey median time of 43 minutes is reasonable. This is based on a review literature including the results of a randomized controlled FDA-IDE pivotal trial. **We therefore recommend a median intraoperative time of 43 minutes.**

Work RVU. With respect to the work RVU, we are not confident that the survey respondents accurately estimated the physician work and believe the median and 25th percentile work RVUs overstate the physician work. Our expert panel agrees that it is important to assign a work RVU for 228X4 to establish correct relativity with 228X1. We have determined that code 22511, *Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral* has similar total physician work when considering intensity, complexity, and time. **We therefore recommend that the work RVU for 22511 of 7.58 be crosswalked to code 228X4.**

We also recommend that this code be tagged in the RUC database as "Do not use to validate physician work" until such time that a RUC survey is conducted that results in a majority of respondents that have experience in the past 12 months.

Crosswalk Comparison

CPT	Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	38	13	12
228X4	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	**7.58**	0.084	194	63	**43**	30	0.5	1	1
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	**7.58**	0.98	160	53	**45**	20	0.5	1	

Pre-Time Package 4

Evaluation: No change in package time of 40 minutes.
Positioning: Add 12 minutes (total = 15 minutes) to position the patient prone with the lumbar spine in flexion.
Scrub, dress, wait: Subtract 5 minutes (total = 15 minutes) to be consistent with the median survey time.

Immediate Postoperative Time and Post-time Package 9b

The median survey immediate post-operative time was 20 minutes. A majority of respondents (71%) indicated that the typical patient will stay overnight or be admitted. The respondents also indicated that the typical patient will require a E/M visit later the same day. Although most respondents did not indicate recent experience with this procedure, our expert panel's review of the literature indicates these survey data are correct. Because CMS does not allow reporting inpatient E/M codes for procedures that will have a facility status of outpatient, we have added 10 minutes (total = 30 minutes) to the survey immediate post-time to reflect time for a visit later on the same day. We note that 30 minutes is less than the time for the recommended post-time package.

MPC Comparison

CPT	Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	38	13	12
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	**6.05**	0.077	140	33	**45**	20	0.5	1	
228X4	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	**7.58**	0.084	194	63	**43**	30	0.5	1	1
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	**7.97**	0.089	185	35	**45**	15	0.5	1	3

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0171T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty neurosurgery Frequency 50 Percentage 50.00 %

Specialty orthopaedic surgery Frequency 50 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 22852

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:228X5 Tracking Number A5 Original Specialty Recommended RVU: **2.34**
Presented Recommended RVU: **2.34**
Global Period: ZZZ RUC Recommended RVU: **2.34**

CPT Descriptor: Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A skeletally mature adult with progressive low back pain and leg pain due to a history of neurogenic claudication is unresponsive to conservative treatments. The patient achieves some relief from symptoms in flexion. Imaging confirms mild-moderate spinal stenosis at the L3-L4 with 25% reduction in canal area and at L4-5 with a 50% reduction. The implantation of a posterior interspinous process distraction device without an open decompression or a fusion at both levels is recommended.
[Note: CPT code 228XD is an add-on service. Only consider the additional physician work related to the second level.]

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: n/a

Description of Intra-Service Work: After insertion of the initial lumbar interlaminar/interspinous process stabilization/distraction device with decompression (reported separately), the incision is extended to expose the adjacent level. A dilator is inserted through the incision and advanced between the spinous processes and into the interspinous process space under fluoroscopic guidance to confirm position and depth. Additional larger dilators are inserted until the space is distracted to the correct degree. A gauge is used to determine the distance between the two spinous processes, and determine the appropriate implant size. The implant is selected and size verified. The implant is inserted and fixed into place. Final imaging (AP and lateral fluoroscopy) is obtained to confirm proper implant position. Copious irrigation is used and the wound is closed in layers.

Description of Post-Service Work: n/a

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	John Ratlilff, MD; Alexander Mason, MD; Henry Woo, MD; Charles Mick, MD; Karin Swartz, MD; Morgan Lorio, MD; William Creevy, MD; John Heiner, MD		
Specialty(s):	AANS/CNS, NASS, ISASS, AAOS		
CPT Code:	228X5		
Sample Size:	1403	**Resp N:** 49	**Response:** 3.4 %
Description of Sample:	AAOS: A random selection from membership database. Targeted samples within society membership approved by Research Subcommittee: AANS/CNS. A random selection from the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves. NASS. A random selection of only "surgeon" members of NASS (ie, there are also non-surgeon members). ISASS: A random selection of only U.S. surgeon members of ISASS (ie, this is an international society that includes non U.S. members).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	1.00	30.00
Survey RVW:	2.00	2.50	**3.00**	5.00	12.56
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	20.00	**30.00**	30.00	120.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	228X5	**Recommended Physician Work RVU: 2.34**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22103	ZZZ	2.34	**RUC Time**

CPT Descriptor Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63048	ZZZ	3.47	**RUC Time**

CPT Descriptor Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	467,217

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
22103	ZZZ	2.34	**RUC Time**

CPT Descriptor Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 28 **% of respondents:** 57.1 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 18.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 228X5	**Top Key Reference CPT Code:** 22103	**2nd Key Reference CPT Code:** **63048**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	30.00	30.00	45.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**30.00**	**45.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.14	0.22
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.14	0.00

Urgency of medical decision making	-0.04	0.11

Technical Skill/Physical Effort (Mean)

Technical skill required	0.21	0.22
Physical effort required	0.32	0.11

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.18	0.11
Outcome depends on the skill and judgment of physician	0.43	0.33
Estimated risk of malpractice suit with poor outcome	0.18	0.33

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.36	0.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the June 2006 CPT Panel meeting, the Panel approved two Category III codes to report insertion of posterior lumbar spinous process distraction devices.

0171T Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level

0172T each additional level (List separately in addition to code for primary procedure)

At the May 2015 CPT Panel meeting, two new Category I codes (228X1 and 228X2) were approved for reporting the insertion of an interlaminar stabilization device to stabilize the spine following open decompression for the treatment of lumbar spinal stenosis at one or two levels. At this same meeting, the Panel established two Category III codes to report interlaminar stabilization insertion without open decompression.

228X1 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level

228X2 second level (List separately in addition to code for primary procedure)

043XT Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level

043XT second level (List separately in addition to code for primary procedure)

During the process of conducting a RUC survey of the two new codes in July 2015, the AANS/CNS, NASS, and AAOS were informed that a coding change proposal was submitted by individual practitioners to convert the new Category III codes for interlaminar stabilization insertion **without** open decompression to Category I status. The RUC Advisors from AANS/CNS, NASS, and AAOS petitioned the RUC to delay presentation of the survey data collected for 228X1 and 228X2 until after the October 2015 CPT meeting so that data for all four codes could be presented together. The RUC approved this request, but with the caveat that 228X1 and 228X2 would have to be resurveyed (ie, the RUC wanted all four codes surveyed together).

At the October 2015 CPT Panel meeting, the Category III codes were converted to Category I codes (228X4 and 228X5). These two new codes describe interlaminar stabilization insertion **without** open decompression in contrast to the two codes (228X1 and 228X2) approved previously that describe interlaminar stabilization insertion **with** open decompression. None of the four codes include fusion.

228X1	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
228X2	second level (List separately in addition to code for primary procedure)
228X4	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
228X5	second level (List separately in addition to code for primary procedure)

Discuss of Survey Process and Respondent Experience

All four codes were included on one survey instrument. For codes 228X1 and 228X4, the question for site of service and E/M on the same day that is standard in the 10 and 90 day global survey was added. The survey request was sent to a random selection from the AAOS membership database. In addition, targeted samples within the AANS/CNS, NASS, and ISASS membership databases were approved by Research Subcommittee: A random selection from the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves. A random selection of only "surgeon" members of NASS (ie, there are also non-surgeon members). A random selection of only U.S. surgeon members of ISASS (ie, this is an international society that includes non U.S. members).

For the first two codes 228X1 and 228X2, the selection of respondents was random as described above and without consideration of any possible overlap from the previous survey. In addition, for this current survey, a new society (ISASS) also surveyed its members. Therefore, the survey data from the two separate surveys of codes 228X1 and 228X2 were not combined. However, on the RUC Summary Excel file, we show the summary data from the previous survey of codes 228X1 and 228X2 in the rows above the current survey data. In addition, we note that we are using the current survey data from the survey of all four codes on one instrument for our recommendations. We also note that three of the four codes have a median experience of zero. This issue will be discussed individually for each code where it applies.

Recommendation – 228X5

The survey for 228X5 resulted in a median experience of zero.

Time. Our expert panel agrees that code 228X5 will take considerably less intra-operative time than 228X2 and that the survey median time of 30 minutes is reasonable. **We therefore recommend a median intraoperative time of 30 minutes.**

Work RVU. With respect to the work RVU, we are not confident that the survey respondents accurately estimated the physician work and believe the median and 25th percentile work RVUs overstate the physician work. Our expert panel agrees that it is important to assign a work RVU for 228X5 to establish correct relativity with 228X2. We have determined that key reference code 22103, *Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)* has the same total physician work when considering intensity, complexity, and time. **We therefore recommend that the work RVU for 22103 of 2.34 be crosswalked to code 228X5.**

We also recommend that this code be tagged in the RUC database as "Do not use to validate physician work" until such time that a RUC survey is conducted that results in a majority of respondents that have experience in the past 12 months.

MPC and Other Code Comparison

There are very few ZZZ MPC codes and only one that corresponds to intraoperative time (99292). However, there are other recently reviewed ZZZ codes with similar intensity/complexity that support the recommended work RVU.

CPT	Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST
228X5	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	**2.34**	0.078	30	0	**30**	0
99292 MPC	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)	**2.25**	0.075	30	0	**30**	0
43273 (2013)	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	**2.24**	0.075	30	0	**30**	0
49327 (2010)	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code(s) for primary procedure)	**2.38**	0.079	30	0	**30**	0
36476 (2014)	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	**2.65**	0.088	30	0	**30**	0

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Report with 228X4

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0172T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Rarely

Specialty orthopaedic surgery How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 20 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty neurosurgery Frequency 10 Percentage 50.00 %

Specialty orthopaedic surgery Frequency 10 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 22116

ISSUE: Insertion of Spinal Stability Distraction Device

TAB: 5

				RVW					Total	pre	PRE			INTRA					POST-FACILITY		OFFIC			SURVEY EXPERIENCE				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	32	31	38	14	13	12	MIN	25th	MED	75th	MAX
REF1	63047	Laminectomy, facetectomy and foran	17	0.077			15.37			362		40	15	20			90			30		1	1	1	3							
REF2	63005	Laminectomy with exploration and/or	13	0.046			16.43			450		85					143			35		1	2	1	3							
current	0171T	Insertion of posterior spinous proces		NA						0																						
SVY-07/15	228X1	Insertion of interlaminar/interspinous	85	0.140	11.00	17.00	20.00	22.06	55.27	337		60	15	15	45	70	90	120	180	30		1		1	3			0	0	3	10	75
SVY-11/15	228X1	Insertion of interlaminar/interspinous	58	0.120	10.00	16.47	18.00	21.88	28.00	327		60	15	15	20	56	90	90	180	20		1		1	3			0	0	2	8	60
REC	228X1	Crosswalk to work RVU for 29915		0.106			15.00			271	3	33	15	15			90			30	9b			0.5	3							
REF1	63048	Laminectomy, facetectomy and foran	24	0.077			3.47			45		0					45			0												
REF2	22534	Arthrodesis, lateral extracavitary tech	6	0.100			5.99			60		0					60			0												
current	0172T	Insertion of posterior spinous proces		NA						0																						
SVY-07/15	228X2	Insertion of interlaminar/interspinous	73	0.140	2.50	4.50	6.00	8.16	16.00	45		0			10	30	45	60	240	0								0	0	2	4	50
SVY-11/15	228X2	second level (List separately in addit	49	0.122	2.34	4.00	5.50	8.00	15.00	45		0	0	0	10	30	45	60	180	0								0	0	0	3	30
REC	228X2	Survey 25th percentile		0.089			4.00			45	ZZZ	0					45			0	ZZZ											
		WITH experience	*24*	*0.133*	*2.34*	*4.45*	*6.00*	*8.88*	*12.56*	*45*		*0*			*20*	*30*	*45*	*60*	*120*	*0*								*1*	*2*	*3*	*13*	*30*
		WITHOUT experience	*25*	*0.143*	*2.34*	*3.75*	*5.00*	*6.75*	*15.00*	*35*		*0*			*10*	*30*	*35*	*60*	*180*	*0*								*0*	*0*	*0*	*0*	*0*
REF1	22102	Partial excision of posterior vertebra	26	0.014			11.08			387		75					90			32		3		1.0	4							
REF2	63047	Laminectomy, facetectomy and foran	14	0.077			15.37			362		40	15	20			90			30		1	1	1.0	3							
current	0171T	Insertion of posterior spinous proces		NA						0																						
SVY-11/15	228X4	Insertion of interlaminar/interspinous	58	0.172	8.00	11.87	12.88	15.58	23.53	242		53	15	15	15	30	43	60	240	20		1		1.0	1	1		0	0	0	2	30
REC	228X4	Crosswalk to work RVU for 29880		0.080			7.39			194	3	33	15	15			43			30	9b			0.5	1	1						
		WITH experience	*21*	*0.246*	*11.08*	*12.00*	*15.00*	*16.50*	*23.53*	*259*		*60*	*20*	*20*	*15*	*30*	*35*	*60*	*240*	*20*		*1*	*1.0*		*1*	*1*		*1*	*2*	*4*	*5*	*30*
		WITHOUT experience	*37*	*0.139*	*8.00*	*11.08*	*12.25*	*15.00*	*22.00*	*249*		*50*	*15*	*15*	*15*	*30*	*45*	*60*	*120*	*20*		*1*	*1.0*		*1*	*1*		*0*	*0*	*0*	*0*	*0*
REF1	22103	Partial excision of posterior vertebra	28	0.078			2.34			30		0					30			0												
REF2	63048	Laminectomy, facetectomy and foran	9	0.077			3.47			45		0					45			0												
current	0172T	Insertion of posterior spinous proces		NA						0																						
SVY-11/15	228X5	Insertion of interlaminar/interspinous	49	0.100	2.00	2.50	3.00	5.00	12.56	30		0	0	0	10	20	30	30	120	0								0	0	0	1	30
REC	228X5	Crosswalk to work RVU for 22103		0.078			2.34			30	ZZZ	0					30			0	ZZZ											
		WITH experience	*15*		*2.34*	*2.42*	*3.47*	*6.88*	*12.56*	*30*		*0*			*15*	*25*	*30*	*38*	*90*	*0*								*1*	*1*	*3*	*5*	*30*
		WITHOUT experience	*34*		*2.00*	*2.50*	*3.00*	*4.23*	*10.00*	*30*		*0*			*10*	*16*	*30*	*30*	*120*	*0*								*0*	*0*	*0*	*0*	*0*

Tab Number: 5

Issue: Insertion of Spinal Stability Distraction Device

Code(s): 22840, 228XX, 228X0, 228X4 & 228X5

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	John Ratliff, MD
Specialty Society:	American Association of Neurological Surgeons
Date:	December 13, 2015

Tab Number: 5

Issue: Insertion of Spinal Stability Distraction Device

Code(s): 22840, 228XX, 228X0, 228X4 & 228X5

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Signature:	
Print Name:	William Creevy, MD
Specialty Society:	American Academy of Orthopaedic Surgery
Date:	December 13, 2015

Tab Number: 5

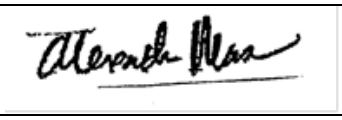
Issue: Insertion of Spinal Stability Distraction Device

Code(s): 22840, 228XX, 228X0, 228X4 & 228X5

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Signature:	
Print Name:	Alexander Mason, MD
Specialty Society:	Congress of Neurological Surgeons
Date:	December 13, 2015

Tab Number: 5

Issue: Insertion of Spinal Stability Distraction Device

Code(s): 22840, 228XX, 228X0, 228X4 & 228X5

Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	Morgan P. Lorio, MD
Specialty Society:	International Society for the Advancement of Spine Surgery
Date:	December 13, 2015

Tab Number: 5

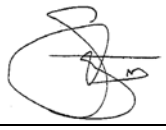
Issue: Insertion of Spinal Stability Distraction Device

Code(s): 22840, 228XX, 228X0, 228X4 & 228X5

Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	Karin Swartz, MD
Specialty Society:	North American Spine Society
Date:	December 13, 2015

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

228X1	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	090
228X2	second level (List separately in addition to code for primary procedure)	ZZZ
228X4	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	090
228X5	second level (List separately in addition to code for primary procedure)	ZZZ

Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Advisors from the participating specialties reviewed the standards for 90-day global and ZZZ global procedures.

2. You must provide reference code(s) for comparison on your spreadsheet. Current inputs for 63047 and 63048 are used as reference. These were key reference codes.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
228X1 and 228X4 (090): The typical patients requiring these services will have a long standing history of low back pain. These procedures will be performed on an elective basis and all aspects of pre-service clinical staff work that is typical of 90-day global procedures will apply to codes 228X1 and 228X4: complete pre-service diagnostic & referral forms, coordinate pre-surgery services, schedule space and equipment in facility, provide pre-service education/obtain consent, and follow-up phone calls & prescriptions.
228X2 and 228X5 (ZZZ): N/A. These are add-on codes.

Service Clinical Labor Activities:
228X1 and 228X4 (090): Clinical staff will assist the surgeon with discharge management, including arrangements for post-discharge imaging, home care, and responding to patient and family questions.
228X2 and 228X5 (ZZZ): N/A. These are add-on codes.

Post-Service Clinical Labor Activities:
228X1 and 228X4 (090): Clinical staff will assist the surgeon at post-op office visits.
228X2 and 228X5 (ZZZ): N/A. These are add-on codes.

CPT Code: 228X1,228X2,228X4,228X5
Specialty Society: AANS, CNS, NASS, ISASS, AAOS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

NO INPUTS FOR NON-FACILITY SETTING

CPT Long Descriptor:

228X1	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	090
228X2	second level (List separately in addition to code for primary procedure)	ZZZ
228X4	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	090
228X5	second level (List separately in addition to code for primary procedure)	ZZZ

Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Advisors from the participating specialties reviewed the standards for 90-day global and ZZZ global procedures.

2. You must provide reference code(s) for comparison on your spreadsheet. N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Revised to add exam light per PE Subcommittee Review - 01/13/16			REF CODE		Recommend		Recommend		REF CODE		Recommend		Recommend	
2				63047		228X1		228X4		63048		228X2		228X5	
3	**Meeting Date: 01/2016** **Tab: 5** **Specialty: AANS, CNS, NASS, ISASS, AAOS**	**CMS Code**	**Staff Type**	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of		Insertion of interlaminar/interspinous process stabilization/distraction device, without		Insertion of interlaminar/interspinous process stabilization/distraction device, without		Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of		second level (List separately in addition to code for primary procedure)		second level (List separately in addition to code for primary procedure)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**N/A**	**180**	**N/A**	**174**	**N/A**	**129**	**N/A**	**0**	**N/A**	**0**	**N/A**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA		**60**		**60**		**60**		**0**		**0**		**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA		**12**		**6**		**6**		**0**		**0**		**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA		**108**		**108**		**63**		**0**		**0**		**0**
10	**PRE-SERVICE**														
11	**Start: Following visit when decision for surgery or procedure made**														
12	Complete pre-service diagnostic & referral forms	**L037D**	RN/LPN/MTA		**5**		**5**		**5**						
13	Coordinate pre-surgery services	**L037D**	RN/LPN/MTA		**20**		**20**		**20**						
14	Schedule space and equipment in facility	**L037D**	RN/LPN/MTA		**8**		**8**		**8**						
15	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA		**20**		**20**		**20**						
16	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA		**7**		**7**		**7**						
18	**End: When patient enters office/facility for surgery/procedure**														
19	**SERVICE PERIOD**														
20	**Start: When patient enters office/facility for surgery/procedure:**														
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)						**6**		**6**						
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	**L037D**	RN/LPN/MTA		**12**										
45	**End: Patient leaves office**														
46	**POST-SERVICE Period**														
47	**Start: Patient leaves office/facility**														
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16												
51	99212 27 minutes		27						**1**						
52	99213 36 minutes		36		**3**		**3**		**1**						
53	99214 53 minutes		53												
54	99215 63 minutes		63												
55	**Total Office Visit Time**	**L037D**	RN/LPN/MTA		**108**		**108**		**63**		**0**		**0**		**0**
57	**End: with last office visit before end of global period**														
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**												
59	pack, minimum multi-specialty visit	SA048	pack		**3**		**3**		**2**						
60	pack, post-op incision care (suture)	SA054	pack				**1**		**1**						
61	pack, post-op incision care (staple)	SA052	pack		**1**										
62	**EQUIPMENT**	**CODE**													
63	table, power	EF031			**108**		**108**		**63**						

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2016

Biomechanical Device Insertion - Intervertebral, Interbody

At the October 2015 CPT meeting, the CPT Editorial Panel establish three new Category I codes to provide more detailed descriptions of placement and attachment of biomechanical spinal devices and deleted code 22851 throughout the code set.

22X81 ***Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges) when performed to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 85 orthopaedic surgeons, neurosurgeons and spine surgeons and agreed on the following physician time components: intra-service time of 45 minutes.

The RUC reviewed the survey respondents' 25th percentile physician work value and agreed that the survey respondents overvalued the work involved in performing this service. To determine an appropriate work value for 22X81, the RUC reviewed CPT code 57267 *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)* (work RVU = 4.88, 45 minutes total time) and noted that both services have similar physician work, as well as identical intra-service and total time. Given these similarities, the RUC recommends a work RVU of 4.88, which is a direct crosswalk to CPT code 57267. To justify this value, the RUC compared 22X81 to CPT code 35600 *Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)* (work RVU= 4.94, intra-service time of 40 minutes) and noted that although the survey code has more intra-service time, the reference code is somewhat more intense, justifying a similar valuation between both services. **The RUC recommends a work RVU of 4.88 for CPT code 22X81.**

22X82 ***Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges) when performed to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect***
The RUC reviewed the survey results from 85 orthopaedic surgeons, neurosurgeons and spine surgeons and agreed on the following physician time components: intra-service time of 60 minutes.

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The RUC reviewed the survey respondents' 25th percentile physician work value and agreed that the survey respondents overvalued the work involved in performing this service. To determine an appropriate work value for 22X82, the RUC reviewed CPT code 37234 *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)* (work RVU = 5.50, 60 intra-service time, 62 minutes total time) and noted that both services have similar physician work, as well as identical intra-service and total time. Given these similarities, the RUC recommends a work RVU of 5.50, which is a direct crosswalk to CPT code 37234. To justify this value, the RUC compared 22X82 to 2nd key reference code 22858 *Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)* (work RVU= 8.40, intra-service time of 75 minutes) and noted that the survey code has a lower IWPUT (0.092 vs 0.112), while at the same time being rated as having higher intensity/complexity by the survey respondents, supporting the recommended valuation of 5.50 RVUs for the survey code. **The RUC recommends a work RVU of 5.50 for CPT code 22X82.**

22X83 ***Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 85 orthopaedic surgeons, neurosurgeons and spine surgeons and agreed on the following physician time components: intra-service time of 60 minutes.

The RUC reviewed the respondents' 25th percentile work RVU of 6.00 and agreed that this value appropriately accounts for the physician work involved. The RUC noted that survey code 22X83 is a more intense/complex service than 22X83, indicating a higher work value for 22X83 is warranted. To justify a work value of 6.00, the RUC compared the survey code to CPT code 22534 *Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)* (work RVU= 5.99, intra-service time of 60 minutes) and noted that both services have identical intra-service time and involve a similar amount of physician work. To further confirm a work RVU of 6.00, the RUC reviewed CPT code *Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)* and noted that both service have identical intra-service time and involve a similar amount of physician work. **The RUC recommends a work RVU of 6.00 for CPT code 22X83.**

Practice Expense
There are no direct practice expense inputs for CPT codes 22X81-22X83 because these services are facility-only add-on services.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Musculoskeletal System
Spine (Vertebral Column)

Cervical, thoracic, and lumbar spine.

Within the spine section, bone grafting…

To report bone grafts performed after…

Report as 22612 and 20937.

Within the spine section, instrumentation is reported separately and in addition to arthrodesis. To report instrumentation procedures performed with definitive vertebral procedure(s), see 22840-22855. Instrumentation procedure codes 22840-22848 and ~~22851~~22X81, 22X82, 22X83, are reported in addition to the definitive procedure(s). Modifier 62 may not be appended to the definitive or add-on spinal instrumentation procedure code(s) 22840-22848 and 22850-22852.

Excision

22110 *Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical*

✚ *22116* *each additional vertebral segment (List separately in addition to code for primary procedure)*

(Use 22116 in conjunction with 22110, 22112, 22114)

(For complete or near complete resection of vertebral body, see vertebral corpectomy, 63081-63091)

(For spinal reconstruction with bone graft [autograft, allograft] and/or methylmethacrylate of cervical vertebral body, use 63081 and 22554 and 20931 or 20938)

(For spinal reconstruction with bone graft [autograft, allograft] and/or methylmethacrylate of thoracic vertebral body, use 63085 or 63087 and 22556 and 20931 or 20938)

(For spinal reconstruction with bone graft [autograft, allograft] and/or methylmethacrylate of lumbar vertebral

body, use 63087 or 63090 and 22558 and 20931 or 20938)

(For spinal reconstruction following vertebral body resection, use 63082 or 63086 or 63088 or 63091, and 22585)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

(For harvest of bone autograft for vertebral reconstruction, see 20931 or 20938)

(For cervical spinal reconstruction with prosthetic replacement of resected vertebral bodies, see codes 63081 and 22554 and 20931 or 20938 and ~~22851~~22X81, 22X82, 22X83)

(For thoracic spinal reconstruction with prosthetic replacement of resected vertebral bodies, see codes 63085 or 63087 and 22556 and 20931 or 20938 and ~~22851~~22X81, 22X82, 22X83)

(For lumbar spinal reconstruction with prosthetic replacement of resected vertebral bodies, see codes 63087 or 63090 and 22558, and 20931 or 20938 and ~~22851~~22X81, 22X82, 22X83)

(For osteotomy of spine, see 22210-22226)

Arthrodesis

Arthrodesis may be performed in the ….

To report instrumentation procedures, see 22840-22855. (Codes 22840-22848, ~~22851~~22X81, 22X82, 22X83 are reported in conjunction with code[s] for the definitive procedure[s]. When instrumentation reinsertion or removal is reported in conjunction with other definitive procedures including arthrodesis, decompression, and exploration of fusion, append modifier 51 to 22849, 22850, 22852, and 22855.) To report exploration of fusion, use 22830. (When exploration is reported in conjunction with other definitive procedures, including arthrodesis and decompression, append modifier 51 to 22830.) Do not append modifier 62 to spinal instrumentation codes 22840-22848 and 22850-22852.

Exploration

To report instrumentation procedures, see 22840-22855.

(Codes 22840-22848 and ~~22851~~22X81, 22X82, 22X83 are reported in conjunction with code[s] for the definitive procedure[s]. When instrumentation reinsertion or removal is reported in conjunction with other definitive procedures including arthrodesis, decompression, and exploration of fusion, append modifier 51 to 22849, 22850, 22852 and 22855.) Code 22849 should not be reported with 22850, 22852, and 22855 at the same spinal levels. To report exploration of fusion, see 22830. (When exploration is reported in conjunction with other definitive procedures, including arthrodesis and decompression, append modifier 51 to 22830.)

(To report bone graft procedures, see 20930-20938)

22830 Exploration of spinal fusion

Spinal Instrumentation

Segmental instrumentation is defined …

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Non-segmental instrumentation is defined … Insertion of spinal instrumentation is reported separately and in addition to arthrodesis. Instrumentation procedure codes 22840-22848 and ~~22851~~22X81, 22X82, 22X83 are reported in addition to the definitive procedure(s). Do not append modifier 62 to spinal instrumentation codes22840-22848 and 22850-22852. *To report bone graft procedures…* *A vertebral segment describes the basic…* *Codes 22849, 22850, 22852, and 22855…* ✚ ***22840*** *Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)*				
D22851		~~Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)~~ *(22851 has been deleted. To report, see 22X81-22X83)*	~~XXX~~	N/A
●✚22X81	J1	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges) when performed to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure) *(Report 22X81 for each treated intervertebral disc space)*	ZZZ	4.88
●✚22X82	J2	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges) when performed to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	ZZZ	5.50

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●✚22X83	J3	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure) *(22X81, 22X82, or 22X83 may be reported more than once for non-contiguous defects)* *(Use 22X81, 22X82, 22X83 in conjunction with 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, 63300-63307)* *(For application of an intervertebral bone device/graft, see 20930-20938)*	ZZZ	6.00

Spinal Prosthetic Devices

~~22851~~ 22X81, 22X82, 22X83 Application of prosthetic device illustration

22856 *Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical*

(Do not report 22856 in conjunction with 22554, 22845, ~~22851~~22X81, 22X82, 22X83, 63075, 0375T, when performed at the same level)

(Do not report 22856 in conjunction with 69990)

(For additional interspace cervical total disc arthroplasty, see 22858, 0375T)

22857 *Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar*

(Do not report 22857 in conjunction with 22558, 22845, ~~22851~~22X81, 22X82, 22X83, 49010 when performed at the same level)

(For additional interspace, use Category III code 0163T)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

22861	*Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical*
	(Do not report 22861 in conjunction with 22845, ~~22851~~22X81, 22X82, 22X83, 22864, 63075 when *performed at the same level)*
	(Do not report 22861 in conjunction with 69990)
	(For additional interspace revision of cervical total disc arthroplasty, use 0098T)
22862	*lumbar*
	(Do not report 22862 in conjunction with 22558, 22845, ~~22851~~22X81, 22X82, 22X83, 22865, 49010 when performed at the same level)
	(For additional interspace, use Category III code 0165T)
Category III	
✚ 0098T	*Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)*
	(Use 0098T in conjunction with 22861)
	(Do not report 0098T in conjunction with 0095T)
	(Do not report 0098T in conjunction with ~~22851~~22X81, 22X82, 22X83 when performed at the same level)
	(For decompression, see 63001-63048)
✚ 0165T	*Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)*
	(Use 0165T in conjunction with 22862)
	(Do not report 0163T-0165T in conjunction with ~~22851~~22X81, 22X82, 22X83, 49010, when performed at the same level)
	(For decompression, see 63001-63048)
	(For transmyocardial transcatheter closure of ventricular septal defect, with implant, including cardiopulmonary bypass if performed, use 33999)
	(For rhinophototherapy, intranasal application of ultraviolet and visible light, use 30999)
0195T	*Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L5-S1 interspace*

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✚ ***0196T***	*L4-L5 interspace (List separately in addition to code for primary procedure)*
	(Use 0196T in conjunction with 0195T)
	(Do not report 0195T, 0196T in conjunction with 20930-20938, 22558, 22840, 22845, 22848, ~~22851~~22X81, 22X82, 22X83, 72275, 76000, 76380, 76496, 76497, 77002, 77003, 77011, 77012)
0202T	*Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine*
	(Do not report 0202T in conjunction with 22511, 22514, 22840, ~~22851~~22X81, 22X82, 22X83, 22857, 63005, 63012, 63017, 63030, 63042, 63047, 63056 at the same level)
0219T	*Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical*
0220T	*thoracic*
0221T	*lumbar*
	(Do not report 0219T-0221T in conjunction with any radiological service)
	(Do not report 0219T-0221T in conjunction with 20930, 20931, 22600-22614, 22840, ~~22851~~22X81, 22X82, 22X83 at the same level)
0375T	*Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), cervical, three or more levels*
	(Do not report 0375T in conjunction with ~~22851~~22X81, 22X82, 22X83, 22856, 22858 when performed at the same level)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:22X81 Tracking Number J1 Original Specialty Recommended RVU: **5.25**
Presented Recommended RVU: **5.25**
Global Period: ZZZ RUC Recommended RVU: **4.88**

CPT Descriptor: Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old male undergoes a posterior lumbar interbody fusion of L5-S1 for degenerative disease. A posterior lumbar incision is made and an arthrodesis is performed using a PEEK cage. After the diskectomy and preparation of the end plates for fusion, a distractor is placed in the interspace, the interspace prepared to fit the cage, and the PEEK cage is placed in the interspace. The cage and interspace is filled with bone graft.
(Note: Code 228X1 is an add-on code that represents the additional work for insertion of a biomechanical device. Arthrodesis and/or bone grafting would be reported separately using the appropriate code[s]).

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: n/a

Description of Intra-Service Work: The exposed disk space and adjacent vertebrae are prepared with bone cutting instruments for acceptance of the biomechanical device. Preparation of the recipient site is made according to the protocol of the particular device. The recipient site is prepared by bone dissection, a trial fit with the device or a spacer or template as indicated by the protocol is inserted and removed for any final modifications of the recipient site. The biomechanical device is then screwed, impacted, or injected into place according to protocol for this particular device. (Additional fixation not integral to the device, other provision for arthrodesis, or bone grafting are coordinated with the placement of the biomechanical device and are coded separately.)

Description of Post-Service Work: n/a

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	John Ratlilff, MD; Alexander Mason, MD; Henry Woo, MD; Charles Mick, MD; Karin Swartz, MD; Morgan Lorio, MD; William Creevy, MD; John Heiner, MD		
Specialty(s):	AANS/CNS, NASS, ISASS, AAOS		
CPT Code:	22X81		
Sample Size:	1391	**Resp N:** 85	**Response:** 6.1 %
Description of Sample:	AAOS: A random selection from membership database. Targeted samples within society membership approved by Research Subcommittee: AANS/CNS. A random selection from the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves. NASS. A random selection of only "surgeon" members of NASS (ie, there are also non-surgeon members). ISASS: A random selection of only U.S. surgeon members of ISASS (ie, this is an international society that includes non U.S. members).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	25.00	**50.00**	100.00	450.00
Survey RVW:	2.06	6.00	**7.00**	8.04	12.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	30.00	**45.00**	90.00	240.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	22X81	**Recommended Physician Work RVU: 4.88**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22634	ZZZ	8.16	**RUC Time**

CPT Descriptor Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22552	ZZZ	6.50	**RUC Time**

CPT Descriptor Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 27 **% of respondents:** 31.7 **%**

Number of respondents who choose 2nd Key Reference Code: 24 **% of respondents:** 28.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 22X81	Top Key Reference CPT Code: 22634	2nd Key Reference CPT Code: 22552
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	45.00	70.00	45.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**45.00**	**70.00**	**45.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

Mental Effort and Judgment (Mean)

	Top Key Ref Code	2nd Key Ref Code
The number of possible diagnosis and/or the number of management options that must be considered	0.59	0.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.37	0.17
Urgency of medical decision making	0.22	0.08

Technical Skill/Physical Effort (Mean)

Technical skill required	0.56	0.21
Physical effort required	0.63	0.17

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.56	0.29
Outcome depends on the skill and judgment of physician	0.56	0.38
Estimated risk of malpractice suit with poor outcome	0.56	0.46

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.59	0.46

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Code 22851 was initially identified by CMS on a list of fastest growing procedures. The specialties requested additional data from CMS regarding billed-with codes and frequency reported per session to allow meaningful comment on growth in utilization. Upon review of these data, the specialties noted that 22851 may have been inappropriately reported for placement of certain types of structural bone allograft in the disc space. The RUC approved specialty education through a CPT Assistant article which resulted in a decreased rate of growth. In concert with the release of the article, code 22851 was identified by CMS as a high expenditure code that had not been reviewed for at least 6 years. The RAW recommended that code 22851 be surveyed because of the frequency of use, historical consistent growth of utilization, and the fact that the code had not been surveyed since April 1995 during the first 5-year review.

The specialties review of data indicated that 22851 had been used for a variety of different cases, requiring different physician work, and with different operative goals. It became evident during this assessment that survey of 22851, using the present code descriptor, would not provide meaningful data. The specialties developed three new code descriptors to more accurately reflect physician work as it relates to the various new technologies and techniques related to intervertebral biomechanical devices.

Survey Sample and Process

The survey request was sent to a random selection from the AAOS membership database. In addition, targeted samples within the AANS/CNS, NASS, and ISASS membership databases were approved by Research Subcommittee: A random selection from the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves. A random selection of only "surgeon" members of NASS (ie, there are also non-surgeon members). A random selection of only U.S. surgeon members of ISASS (ie, this is an international society that includes non U.S. members).

MPC

We have not indicated any MPC codes on this form as there are only ten MPC codes with a ZZZ global and none of these codes are at the level of work RVU for this service.

Recommendation - 22X81

The new descriptors for codes were developed to reflect increasing physician work; 22X81 -> 22X82 -> 22X83. We anticipate that the utilization for 22X81 will be greatest, followed by 22X82, and then 22X83.

Our expert panel believes the survey median and 25th percentile work RVU is inconsistent with the physician work required for 22X81. Although code 22X81 has the same intraoperative time as key reference code 22552, the expert panel believes the work intensity/complexity is less. We believe code 63295, *Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure* more accurately reflects the work for 22X81 and recommend crosswalking the work RVU of 5.25 to code 22X81.

The three new add-on codes may be reported with 115 different primary procedures, including 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, and 63300-63307. The patient presentation and anatomy/pathology will be different across the spectrum of possible work. For example, preparing a defect for insertion of intervertebral biomechanical device can be widely variable. This makes valuing these add-on codes difficult. Our recommendations take into account other similar work (63295, 22552) and relativity between the three codes. We believe our recommendations create an appropriate rank order and relate well to the physician work for other add-on codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 22X81, 22X82, 22X83 in conjunction with 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, 63300-63307)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 22851

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Commonly

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
77,981 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Specialty estimated percentage (65%) of the utilization for 22851.

Specialty neurosurgery Frequency 42200 Percentage 53.41 %

Specialty orthopaedic surgery Frequency 35500 Percentage 44.93 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 22552

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:22X82 Tracking Number J2 Original Specialty Recommended RVU: **6.50**
Presented Recommended RVU: **6.00**
Global Period: ZZZ RUC Recommended RVU: **5.50**

CPT Descriptor: Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old male undergoes an anterior cervical fusion of C4-C6 for a C5 burst fracture. An anterior cervical incision is made and an arthrodesis is performed using a PEEK cage. After the corpectomy and preparation of the end plates for fusion, a distractor is placed in the corpectomy defect, the corpectomy defect prepared to fit the cage, and the PEEK cage is placed in the corpectomy defect. The cage and corpectomy defect is filled with bone graft.
(Note: Code 228X2 is an add-on code that represents the additional work for insertion of a biomechanical device. Arthrodesis and/or bone grafting would be reported separately using the appropriate code[s]).

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: n/a

Description of Intra-Service Work: The exposed corpectomy defect and adjacent vertebrae are prepared with bone cutting instruments for acceptance of the biomechanical device. Preparation of the recipient site is made according to the protocol of the particular device. The recipient site is prepared by bone dissection, a trial fit with the device or a spacer or template as indicated by the protocol is inserted and removed for any final modifications of the recipient site. The biomechanical device is then screwed, impacted, or injected into place according to protocol for this particular device. (Additional fixation not integral to the device, other provision for arthrodesis, or bone grafting are coordinated with the placement of the biomechanical device and are coded separately.)

Description of Post-Service Work: n/a

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	John Ratlilff, MD; Alexander Mason, MD; Henry Woo, MD; Charles Mick, MD; Karin Swartz, MD; Morgan Lorio, MD; William Creevy, MD; John Heiner, MD		
Specialty(s):	AANS/CNS, NASS, ISASS, AAOS		
CPT Code:	22X82		
Sample Size:	1391	**Resp N:** 85	**Response:** 6.1 %
Description of Sample:	AAOS: A random selection from membership database. Targeted samples within society membership approved by Research Subcommittee: AANS/CNS. A random selection from the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves. NASS. A random selection of only "surgeon" members of NASS (ie, there are also non-surgeon members). ISASS: A random selection of only U.S. surgeon members of ISASS (ie, this is an international society that includes non U.S. members).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	25.00	200.00
Survey RVW:	3.47	7.00	**8.16**	9.00	16.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	30.00	**60.00**	120.00	300.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	22X82	**Recommended Physician Work RVU: 5.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22552	ZZZ	6.50	**RUC Time**

CPT Descriptor Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22858	ZZZ	8.40	**RUC Time**

CPT Descriptor Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 27.0 **%**

Number of respondents who choose 2nd Key Reference Code: 20 **% of respondents:** 23.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 22X82	Top Key Reference CPT Code: 22552	2nd Key Reference CPT Code: **22858**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	60.00	45.00	75.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**60.00**	**45.00**	**75.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.78	0.45
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.57	0.10
Urgency of medical decision making	0.35	0.50

Technical Skill/Physical Effort (Mean)

Technical skill required	0.87	0.45
Physical effort required	0.65	0.35

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.87	0.55
Outcome depends on the skill and judgment of physician	0.70	0.50
Estimated risk of malpractice suit with poor outcome	0.61	0.50

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.83	0.35

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Code 22851 was initially identified by CMS on a list of fastest growing procedures. The specialties requested additional data from CMS regarding billed-with codes and frequency reported per session to allow meaningful comment on growth in utilization. Upon review of these data, the specialties noted that 22851 may have been inappropriately reported for placement of certain types of structural bone allograft in the disc space. The RUC approved specialty education through a CPT Assistant article which resulted in a decreased rate of growth. In concert with the release of the article, code 22851 was identified by CMS as a high expenditure code that had not been reviewed for at least 6 years. The RAW recommended that code 22851 be surveyed because of the frequency of use, historical consistent growth of utilization, and the fact that the code had not been surveyed since April 1995 during the first 5-year review.

The specialties review of data indicated that 22851 had been used for a variety of different cases, requiring different physician work, and with different operative goals. It became evident during this assessment that survey of 22851, using the present code descriptor, would not provide meaningful data. The specialties developed three new code descriptors to more accurately reflect physician work as it relates to the various new technologies and techniques related to intervertebral biomechanical devices.

Survey Sample and Process

The survey request was sent to a random selection from the AAOS membership database. In addition, targeted samples within the AANS/CNS, NASS, and ISASS membership databases were approved by Research Subcommittee: A random selection from the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves. A random selection of only "surgeon" members of NASS (ie, there are also non-surgeon members). A random selection of only U.S. surgeon members of ISASS (ie, this is an international society that includes non U.S. members).

MPC

We have not indicated any MPC codes on this form as there are only ten MPC codes with a ZZZ global and none of these codes are at the level of work RVU for this service.

Recommendation - 22X82

The new descriptors for codes were developed to reflect increasing physician work; 22X81 -> 22X82 -> 22X83. We anticipate that the utilization for 22X81 will be greatest, followed by 22X82, and then 22X83.

Our expert panel believes the survey median and 25th percentile work RVU is inconsistent with the physician work required for 22X82. Although code 22X82 has more intraoperative time than key reference code 22552, the expert panel believes the total physician work is the same and therefore recommend crosswalking the work RVU of 6.50 to code 22X82.

The three new add-on codes may be reported with 115 different primary procedures, including 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, and 63300-63307. The patient presentation and anatomy/pathology will be different across the spectrum of possible work. For example, preparing a defect for insertion of intervertebral biomechanical device can be widely variable. This makes valuing these add-on codes difficult. Our recommendations take into account other similar work (63295, 22552) and relativity between the three codes. We believe our recommendations create an appropriate rank order and relate well to the physician work for other add-on codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 22X81, 22X82, 22X83 in conjunction with 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, 63300-63307)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 22851

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Commonly

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 29993
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Specialty estimated percentage (25%) of the utilization for 22851.

Specialty neurosurgery Frequency 16000 Percentage 53.33 %

Specialty orthopaedic surgery Frequency 13500 Percentage 45.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 22552

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:22X83 Tracking Number J3 Original Specialty Recommended RVU: **6.70**
Presented Recommended RVU: **6.00**
Global Period: ZZZ RUC Recommended RVU: **6.00**

CPT Descriptor: Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old male undergoes an anterior cervical fusion of C4-C6 for a C5 pathological burst fracture from metastatic carcinoma. An anterior cervical incision is made and stabilization is performed using methylmethacrylate. After the corpectomy and resection of the tumor, a distractor is placed in the corpectomy defect, and the corpectomy defect prepared to fit the methylmethacrylate. The dura is protected, Steinman pins are placed into the vertebral bodies, the corpectomy defect is filled with methylmethacrylate, and the methylmethacrylate shaped to fit the corpectomy defect.
(Note: Code 228X3 is an add-on code that represents the additional work for insertion of a biomechanical device. Arthrodesis and/or bone grafting would be reported separately using the appropriate code[s]).

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: n/a

Description of Intra-Service Work: The exposed corpectomy defect and adjacent vertebrae are prepared with bone cutting instruments for acceptance of the biomechanical device. Preparation of the recipient site is made according to the protocol of the particular device. If methylmethacrylate is to be used, a screw or pin is inserted into the adjacent vertebral surfaces to anchor the methylmethacrylate. Provision is made for cooling of adjacent tissues and protection of heat sensitive tissue from the exothermic reaction of the curing of the methylmethacrylate. For cages, the recipient site is prepared by bone dissection, a trial fit with the device or a spacer or template as indicated by the protocol is inserted and removed for any final modifications of the recipient site. The biomechanical device is then screwed, impacted, or injected into place according to protocol for this particular device. (Additional fixation, other provision for arthrodesis are coordinated with the placement of the prosthetic device and are coded separately.)

Description of Post-Service Work: n/a

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	John Ratlilff, MD; Alexander Mason, MD; Henry Woo, MD; Charles Mick, MD; Karin Swartz, MD; Morgan Lorio, MD; William Creevy, MD; John Heiner, MD		
Specialty(s):	AANS/CNS, NASS, ISASS, AAOS		
CPT Code:	22X83		
Sample Size:	1391	**Resp N:** 85	**Response:** 6.1 %
Description of Sample:	AAOS: A random selection from membership database. Targeted samples within society membership approved by Research Subcommittee: AANS/CNS. A random selection from the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves. NASS. A random selection of only "surgeon" members of NASS (ie, there are also non-surgeon members). ISASS: A random selection of only U.S. surgeon members of ISASS (ie, this is an international society that includes non U.S. members).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	10.00	100.00
Survey RVW:	3.47	6.00	**8.00**	9.00	20.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	30.00	**60.00**	120.00	300.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	22X83	**Recommended Physician Work RVU: 6.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22858	ZZZ	8.40	**RUC Time**

CPT Descriptor Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22552	ZZZ	6.50	**RUC Time**

CPT Descriptor Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 18 **% of respondents:** 21.1 **%**

Number of respondents who choose 2nd Key Reference Code: 17 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 22X83	**Top Key Reference CPT Code:** 22858	**2nd Key Reference CPT Code:** **22552**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	60.00	75.00	45.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**60.00**	**75.00**	**45.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.50	0.65
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.28	0.59
Urgency of medical decision making	0.33	0.47

Technical Skill/Physical Effort (Mean)

Technical skill required	0.28	0.71
Physical effort required	0.33	0.65

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.50	0.71
Outcome depends on the skill and judgment of physician	0.22	0.41
Estimated risk of malpractice suit with poor outcome	0.17	0.53

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.56	0.65

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Code 22851 was initially identified by CMS on a list of fastest growing procedures. The specialties requested additional data from CMS regarding billed-with codes and frequency reported per session to allow meaningful comment on growth in utilization. Upon review of these data, the specialties noted that 22851 may have been inappropriately reported for placement of certain types of structural bone allograft in the disc space. The RUC approved specialty education through a CPT Assistant article which resulted in a decreased rate of growth. In concert with the release of the article, code 22851 was identified by CMS as a high expenditure code that had not been reviewed for at least 6 years. The RAW recommended that code 22851 be surveyed because of the frequency of use, historical consistent growth of utilization, and the fact that the code had not been surveyed since April 1995 during the first 5-year review.

The specialties review of data indicated that 22851 had been used for a variety of different cases, requiring different physician work, and with different operative goals. It became evident during this assessment that survey of 22851, using the present code descriptor, would not provide meaningful data. The specialties developed three new code descriptors to more accurately reflect physician work as it relates to the various new technologies and techniques related to intervertebral biomechanical devices.

Survey Sample and Process

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MPC

We have not indicated any MPC codes on this form as there are only ten MPC codes with a ZZZ global and none of these codes are at the level of work RVU for this service.

Recommendation - 22X83

The new descriptors for codes were developed to reflect increasing physician work; 22X81 -> 22X82 -> 22X83. We anticipate that the utilization for 22X81 will be greatest, followed by 22X82, and then 22X83.

Code 22X83 is more intense/complex and will require more physician work than codes 22X81 and 22X82. Code 22X83 will also have the lowest expected utilization. For this code, we recommend that the current work RVU of 6.70 for 22851 be assigned.

The three new add-on codes may be reported with 115 different primary procedures, including 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, and 63300-63307. The patient presentation and anatomy/pathology will be different across the spectrum of possible work. For example, preparing a defect for insertion of intervertebral biomechanical device can be widely variable. This makes valuing these add-on codes difficult. Our recommendations take into account other similar work (63295, 22552) and relativity between the three codes. We believe our recommendations create an appropriate rank order and relate well to the physician work for other add-on codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 22X81, 22X82, 22X83 in conjunction with 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630, 22633, 22634, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, 63300-63307)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 22851

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
11,997 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Specialty estimated percentage (10%) of the utilization for 22851.

Specialty neurosurgery Frequency 6400 Percentage 53.33 %

Specialty orthopaedic surgery Frequency 5300 Percentage 44.17 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 22552

ISSUE: Biomechanical Device Insertion – Intervertebral, Interbody

TAB: 6

						RVW					Total	PRE	INTRA					POST	SURVEY EXPERIENCE				
SOURCE	CPT	DESC	%	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	MIN	25th	MED	75th	MAX	P-SD	MIN	25th	MED	75th	MAX
REF1	22634	Arthrodesis, combined posterior or p	27	0.117			8.16			70	0			70			0					
REF2	22552	Arthrodesis, anterior interbody, inclu	24	0.144			6.50			45	0			45			0					
CURRENT	22851	Application of intervertebral biomech		0.074			6.70			90	0			90			0					
SVY	22X81	Insertion of interbody biomechanical	85	0.156	2.06	6.00	7.00	8.40	12.00	45	0	10	30	45	90	240	0	0	25	50	100	450
REC	22X81			0.108			4.88			45	0			45			0					
REF1	22552	Arthrodesis, anterior interbody, inclu	23	0.144			6.50			45	0			45			0					
REF2	22858	Total disc arthroplasty (artificial disc)	20	0.067			8.40			135	0			120			15					
CURRENT	22851	Application of intervertebral biomech		0.074			6.70			90	0			90			0					
SVY	22X82	Insertion of intervertebral biomechan	85	0.136	3.47	7.00	8.16	9.00	16.00	60	0	15	30	60	120	300	0	0	5	10	25	200
REC	22X82			0.092			5.50			60	0			60			0					
REF1	22858	Total disc arthroplasty (artificial disc)	18	0.067			8.40			135	0			120			15					
REF2	22552	Arthrodesis, anterior interbody, inclu	17	0.144			6.50			45	0			45			0					
CURRENT	22851	Application of intervertebral biomech		0.074			6.70			90	0			90			0					
SVY	22X83	Insertion of intervertebral biomechan	85	0.133	3.47	6.00	8.00	9.00	20.00	60	0	15	30	60	120	300	0	0	0	1	10	100

Tab Number: 6

Issue: Biomechanical Device Insertion – Intervertebral, Interbody

Code(s): 228X1-228X3

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	John Ratliff, MD
Specialty Society:	American Association of Neurological Surgeons
Date:	December 13, 2015

Tab Number: 6

Issue: Biomechanical Device Insertion – Intervertebral, Interbody

Code(s): 228X1-228X3

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Signature:	
Print Name:	William Creevy, MD
Specialty Society:	American Academy of Orthopaedic Surgery
Date:	December 13, 2015

Tab Number: 6

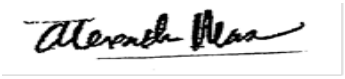
Issue: Biomechanical Device Insertion – Intervertebral, Interbody

Code(s): 228X1-228X3

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Signature:	
Print Name:	Alexander Mason, MD
Specialty Society:	Congress of Neurological Surgeons
Date:	December 13, 2015

Tab Number: 6

Issue: Biomechanical Device Insertion – Intervertebral, Interbody

Code(s): 228X1-228X3

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Signature:	
Print Name:	Morgan P. Lorio, MD
Specialty Society:	International Society for the Advancement of Spine Surgery
Date:	December 13, 2015

Tab Number: 6

Issue: Biomechanical Device Insertion – Intervertebral, Interbody

Code(s): 228X1-228X3

Attestation Statement

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Signature:	
Print Name:	Karin Swartz, MD
Specialty Society:	North American Spine Society
Date:	December 13, 2015

CPT Code: 22X81, 22X82 and 22X83
Specialty Society: AANS, CNS, NASS, ISASS, AAOS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

22X81	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)
22X82	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
22X83	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)

Global Period: ZZZ Meeting Date: January 2016

No clinical staff time, supplies or equipment is recommended for these three ZZZ global codes.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

2. You must provide reference code(s) for comparison on your spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: N/A

Service Clinical Labor Activities: N/A

Post-Service Clinical Labor Activities: N/A

CPT Code: 22X81, 22X82 and 22X83
Specialty Society: AANS, CNS, NASS, ISASS, AAOS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

22X81	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)
22X82	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
22X83	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)

Global Period: ZZZ Meeting Date: January 2016

No clinical staff time, supplies or equipment is recommended for these three ZZZ global codes.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

2. You must provide reference code(s) for comparison on your spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: N/A

Service Clinical Labor Activities: N/A

Post-Service Clinical Labor Activities: N/A

	A	B	C	D	E	F	G	H	I
1				Recommend		Recommend		Recommend	
2				22X81		22X82		22X83	
3	**Meeting Date: 01/2016** **Tab: 6** **Specialty: AANS, CNS, NASS, ISASS, AAOS**	**CMS Code**	**Staff Type**	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior		Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and		Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**NA**	**0**	**NA**	**0**	**NA**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA		**0**		**0**		**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA		**0**		**0**		**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA		**0**		**0**		**0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
45	**End: Patient leaves office**								
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
57	**End: with last office visit before end of global period**								
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**						
59									
60									
61									
62	**EQUIPMENT**	**CODE**							
63									
64									

AMA/Specialty Society RVS Update Committee Summary of Recommendations
090-Day Global Post-Operative Visits Screen

January 2016

Closed Treatment of Pelvic Ring Fracture

In the Final Rule for 2014, CMS proposed CPT codes 21800, 22305 and 27193 for review to consider the appropriateness of having a 90-day global surgical package for a procedure that is performed in settings other than the inpatient setting 33 percent of the time. CMS believed that it is unlikely that it is appropriate for a procedure performed outside of the inpatient hospital setting at this frequency to have such a long global period. The specialties reviewed the data for code 27193 and determined that the utilization for this work is bimodal; higher energy fractures in typically non-Medicare patients requiring careful monitoring to determine if / when surgery is appropriate and isolated lower energy fractures that are more typical of those acquired in falls from standing in Medicare-aged patients that typically will not require surgery, with work reported with Evaluation and Management (E/M) service codes. Codes 27193 and family code 27194 were referred to CPT and in October 2015, the CPT Editorial Panel deleted codes 27193 and 27194 and created two new codes 271X1 and 271X2 to differentiate higher energy fractures and isolated lower energy fractures. In addition, a parenthetical was added to direct physicians to use E/M coding for the closed treatment of isolated lower energy fractures of the anterior pelvic ring (typically low energy falls from standing in the elderly) to distinguish these injuries from the higher energy and more unstable posterior pelvic ring injuries that may also include the anterior elements of the pelvic ring simultaneously. The inherently stable anterior only fracture should not require close monitoring, manipulation, or treatment and therefore can be reported with an E/M service when diagnosed. These coding changes should address the issue of site of service because a patient with a high energy impact injury would not present to an office setting and would/should not be treated in an office setting.

271X1 ***Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation***
The RUC reviewed the survey results from 56 orthopaedic surgeons and recommends the following physician time components: pre-service time of 12 minutes, intra-service time of 5 minutes, immediate post-service time of 10 minutes, and appropriate postoperative hospital and office visits. Pre-service package 2b (difficult patient/straightforward procedure) was reduced from 18 minutes to 12 minutes to account for overlap with an E/M service that would typically be reported in conjunction with 271X1.

The RUC reviewed the survey 25th percentile of 5.50 work RVUs, with total time of 180 minutes, and determined it appropriately accounts for the physician work required to perform this service. The RUC agreed with the specialties that this new code and associated guidelines more clearly identify higher energy fractures in patients that will be admitted to the hospital. The RUC determined that one 99232 and one 99231 inpatient visit

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are justified because the typical trauma patient related to the new code will require careful monitoring to determine if / when surgery is appropriate. High energy pelvic ring fractures most often occur in conjunction with other trauma, so maintaining a 90-day global period allows for reporting of work related to multiple injuries in different anatomical locations. Specifically, high energy impact that results in a pelvic ring fracture may also result in a femur fracture or other spinal or lower extremity injuries. The stability of the posterior pelvic ring fracture cannot be assessed until other injuries are stabilized as they interfere with the ability to mobilize the patient. For example, after repair of a femur fracture, the posterior pelvic ring fracture will be monitored for instability or displacement to determine if/when surgery is necessary. This work is distinctly different than the post-operative work for open repair of a femur fracture. In addition, E/M codes cannot be reported to monitor the pelvic ring fracture during the global period of the femur fracture. At these visits the physician will remove the immobilizer, assess circulation, sensation, and motor function of pelvis and will follow the patient through healing and restoration of function if surgery is not required.

The RUC compared the service to key reference services CPT code 27267, *Closed treatment of femoral fracture, proximal end, head; without manipulation* (work RVU = 5.50, total time of 171 minutes) and CPT code 25605 *Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation* (work RVU = 6.25, total time of 169 minutes) and noted that the two codes have similar total time to surveyed code 271X1. The intra-service time is higher for both key reference codes because this time category includes fabrication of a cast/splint. Treatment of fractures of the posterior pelvic ring is more complex and intense than a femoral head fracture or distal radius fracture because immobilization is difficult to maintain, justifying similar work values despite less intra-service time. **The RUC recommends a work RVU of 5.50 for CPT code 271X1.**

271X2 ***Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)***
The RUC reviewed the survey results from 56 orthopaedic surgeons and recommends the following physician time components: pre-service time of 58 minutes, intra-service time of 30 minutes, immediate post-service time of 25 minutes, and appropriate postoperative hospital and office visits. Pre-service package 4 (difficult patient/difficult procedure) was selected, with a reduction in scrub, dress, and wait time to be consistent with the survey median time for this activity.

The RUC reviewed the survey 25th percentile of 9.00 work RVUs, with total time of 293 minutes and determined it appropriately accounts for the physician work required to perform this service. The RUC compared the service to key reference services CPT code 20690, *Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system* (work RVU = 8.78, total time of 171 minutes) and CPT code 25605 *Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation* (work RVU = 6.25, total time of 169 minutes) and noted that the two codes have less total time than the surveyed code, however the intensity and complexity of 271X2 is significantly greater justifying the greater work value. The RUC also compared 271X2 to MPC codes 50590, *Lithotripsy, extracorporeal shock wave* (work RVU = 9.77, total time of 207 minutes) and 47562, *Laparoscopy, surgical; cholecystectomy* (work RVU=10.47, total time of 228 minutes) and agreed that these codes appropriately bracket the recommendation for 271X2,

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adding further support for the 25th percentile work RVU. **The RUC recommends a work RVU of 9.00 for CPT code 271X2.**

Practice Expense
The RUC reviewed and approved the direct practice expense inputs without modification as submitted by the specialty society and approved by the PE Subcommittee. The specialty discounted the 60 minutes of pre-service clinical staff time standard for 090 day globals to 20 minutes, in line with the recommendation for emergent procedures discussed by the PE Subcommittee at this meeting.

Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
D27193		~~Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation~~	~~ZZZ~~	N/A
D27194		~~with manipulation, requiring more than local anesthesia~~ (Codes 27193, 27194 have been deleted. To report, see 271X1, 271X2)	~~090~~	N/A
●271X1	L1	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	090	5.50
●271X2	L2	with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural) (To report closed treatment of **only** anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral, use the appropriate Evaluation and Management Services codes)	090	9.00

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:271X1 Tracking Number L1 Original Specialty Recommended RVU: **6.09**
Presented Recommended RVU: **5.50**
Global Period: 090 RUC Recommended RVU: **5.50**

CPT Descriptor: Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation
(To report closed treatment of only anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral, use the appropriate Evaluation and Management Services codes)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A person involved in a vehicular crash has pelvic pain and pain with attempted weight bearing. Imaging studies show minimally displaced fractures of the anterior and posterior portions of the pelvic ring, with ipsilateral fractures of the pubic rami and sacrum. The patient's fractures are treated without manipulation.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 12% , Overnight stay-more than 24 hours 88%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 30%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Explain procedure to patient and/or family. Review the risks and complications associated with fracture treatment. Review the treatment and the expected outcome. Verify all supplies are available. View imaging studies and verify the fractures. Position patient to be immobilized.

Description of Intra-Service Work: The fractures are treated with a pelvic sling, binder, sheet or other orthosis to prevent further fracture displacement, increase patient comfort and improve patient mobility

Description of Post-Service Work: Facility. Assist positioning for permanent portable radiographs. Assist in transfer to stretcher or bed. Dictate a procedure report for patient's medical record and provide copies to patient's PCP and insurance company. Discuss activity restrictions with the nursing staff and patient/family; non-weight bearing, using ambulatory aids (wheelchair, crutches or walker). Instruct nursing staff and patient/family on care of immobilizer. Monitor fracture healing to assure continued fracture alignment and progression of healing, assessing need for surgery. Assess neurovascular status of lower extremities. Monitor pain and write orders for pain management as needed. Write orders for follow-up, post-discharge labs, x-rays, home care, and physical therapy. Write prescriptions for medications needed post-discharge. Home instructions and restrictions (eg, activity, bathing) are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including discharge summary, discharge instructions, medication reconciliation, and insurance forms.

Office. Examine and talk with patient. Answer questions from patient and/or family. Remove immobilizer. Assess circulation, sensation, and motor function of pelvis and lower extremities. Order physical therapy and/or occupational therapy when appropriate and assess rehabilitation. Order and view radiographs. Write prescription orders for pain management. Dictate progress notes for patient's medical record and provide copies to patient's PCP. Follow the patient through healing and restoration of function.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	William Creevy MD; John Heiner MD		
Specialty(s):	AAOS, OTA		
CPT Code:	271X1		
Sample Size:	644	**Resp N:** 56	**Response:** 8.6 %
Description of Sample:	Random selection from each society membership roster.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	5.00	19.00	**25.00**	40.00	80.00
Survey RVW:	2.50	5.50	**6.50**	8.13	15.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	0.00	**5.00**	11.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**55.00**	99211x **0.00** 12x **2.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2a-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	271X1	**Recommended Physician Work RVU: 5.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**12.00**	**18.00**	**-6.00**
Pre-Service Positioning Time:		**0.00**	**1.00**	**-1.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**6.00**	**-6.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**55.00**	99211x **0.00** 12x **2.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
27267	090	5.50	**RUC Time**

CPT Descriptor Closed treatment of femoral fracture, proximal end, head; without manipulation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
25605	090	6.25	**RUC Time**

CPT Descriptor Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
62362	010	5.60	**RUC Time**	7,862

CPT Descriptor 1 Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
14000	090	6.37	**RUC Time**	8,822

CPT Descriptor 2 Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 44.6 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 19.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 271X1	Top Key Reference CPT Code: 27267	2nd Key Reference CPT Code: **25605**
Median Pre-Service Time	12.00	9.00	20.00
Median Intra-Service Time	5.00	15.00	30.00
Median Immediate Post-service Time	10.00	5.00	13.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	60.0	40.00	0.00
Median Discharge Day Management Time	38.0	38.00	19.00
Median Office Visit Time	55.0	64.00	87.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**180.00**	**171.00**	**169.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.76	1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.88	1.18
Urgency of medical decision making	0.60	1.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.48	0.45
Physical effort required	0.08	-0.27

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.80	1.27
Outcome depends on the skill and judgment of physician	0.84	0.82
Estimated risk of malpractice suit with poor outcome	0.56	1.00

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.76	0.91

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the Notice for Proposed Rulemaking for 2014, CMS proposed code 27193 for review. CMS questioned the appropriateness of having a 90-day global surgical package for a procedure that is performed in settings other than the inpatient setting 25 percent of the time for Medicare patients (ie, 2014 data is 24.7% office setting). The AAOS RUC and CPT Advisors reviewed data for code 27193 and determined that the utilization for this work is bimodal; higher energy fractures in typically non-Medicare patients requiring careful monitoring to determine if / when surgery is appropriate and isolated lower energy fractures that are more typical of those acquired in falls from standing in Medicare-aged patients that usually will not require surgery. The AAOS believes there is important physician work that would not be correctly captured by discrete E/M billing for all fractures of the pelvis. Significantly, the injuries treated fall into two categories, those which are inherently stable (fractures involving solely the anterior pelvic ring) and those which need treatment and close monitoring for instability and displacement as they involve the posterior pelvic ring which are affected by weightbearing.

In addition, because higher energy pelvic ring fractures most often occur in conjunction with other trauma, it is important to maintain a 90-day global period for reporting. This concept is an important factor in trauma care to allow for correct reporting of work related to multiple injuries in different anatomical locations. Specifically, high energy impact that results in a pelvic ring fracture may also result in a femur fracture or other spinal or lower extremity injuries. The stability of the posterior pelvic ring fracture cannot be assessed until other injuries are stabilized as they interfere with the ability to mobilize the patient. For example, after repair of a femur fracture, the posterior pelvic ring fracture will be monitored for instability or displacement to determine if/when surgery is necessary. This work is distinctly different than the post-operative work for open repair of a femur fracture. In addition, E/M codes cannot be reported to monitor the pelvic ring fracture during the global period of the femur fracture. It is examples such as this (multiple trauma) that resulted in the decision by CMS (then HCFA) many years ago to maintain a 90-day global period for all fracture and trauma care.

The code descriptor changes to codes 27193 and family code 27194 correspond to physician work for high energy posterior pelvic ring injuries. In addition, a parenthetical was added to direct physicians to use E/M coding for the closed treatment of isolated fractures of the anterior pelvic ring (typically low energy falls from standing in the elderly) to distinguish these injuries from the higher energy and more unstable posterior pelvic ring injuries that may also

include the anterior elements of the pelvic ring simultaneously. The inherently stable anterior only fracture should not require close monitoring, manipulation, or treatment and therefore can be reported with an E/M service when diagnosed. The AAOS believes that these coding changes should address the issue of site of service because a patient with a high energy impact injury would not present to an office setting and would/should not be treated in an office setting. Low energy anterior only fractures discovered at an office visit would not require treatment.

At CPT, the Panel coding experts determined that the proposed descriptor revisions changed the meaning of the codes so that they will now only be for posterior pelvic ring fractures, while anterior only pelvic ring fractures will be reported with E/M codes instead and that new code numbers should be assigned for quality and financial tracking purposes. This is further support that these coding changes should address the issue of office site of service.

Survey Sample and Process

The survey request was sent to an equal sized random selection from the membership database of the American Academy of Orthopaedic Surgeons (AAOS) and the Orthopaedic Trauma Association (OTA).

Pre-time Package 2A (Difficult Patient/Straightforward Procedure)

We believe that the survey respondents had difficulty parsing out pre-time categories of work for this closed treatment service. We also note that although an EM is currently typically reported with 27193, the frequency of reporting an EM should decrease with the new coding guidance.

Evaluation: Subtract 6 minutes (total = 12 minutes) for overlap with EM.
Positioning: Subtract 1 minutes (total = 0 minutes)
Scrub, dress, wait: Subtract 6 minutes (total = 0 minutes) as this is typically not a sterile procedure.

Key Reference Codes

The key reference codes have similar total time as survey code 271X1. Intra-time is higher for both KRS codes because this time category includes fabrication of a cast/splint. Treatment of fractures of the posterior pelvic ring are more complex and therefore more intense than a femoral head fracture or distal radius fracture because immobilization is difficult to maintain.

MPC Comparison

MPC code 62362 (10-day global) is an elective outpatient procedure for placement of a subcutaneous pump. MPC code 14000 is typically performed in an office setting to close a wound created by a lesion excision. Total times and intensities are similar and support the recommendation for 271X1.

MPC	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	32	31	38	13	12
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	**5.60**	0.042	**170**	48	**60**	20			0.5	1	
271X1	Treat pelvic ring fracture w/o manipulation	**6.09**	0.034	**183**	15	**5**	10	1	1	1	1	2
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	**6.37**	0.030	**192**	25	**64**	22				3.5	

Recommendation – 271X1

Although the lesser work of anterior only fractures is being removed from code 27193 which would suggest an increase in value, **we recommend a work RVU of 6.09,** which is the current work RVU for 27193. The intra-operative intensity (0.034) is consistent with the intensity of other closed fracture treatment codes and significantly below a mid-level office visit. A work RVU of 6.09 takes into consideration the considerable global work related to this service. The AAOS and OTA are strongly supportive of maintaining a 90-day global period of all fracture and dislocation treatment codes (ie, open, percutaneous, closed). When multiple trauma occurs, this allows for correct reporting, tracking, and reimbursement under the multiple procedure reduction policy.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Medicare data indicates this code is typically reported with an EM service on the same date.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Medicare data indicates this code is typically reported with an EM service on the same date.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 27193

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not avaiable

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14,500 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Although the current Medicare utilization for 27193 is 19,472, we expect the utilization of this code to descrease significantly (especially in the office setting) after the revised descriptor and parenthetical coding guidance is implemented and education is disseminated.

Specialty orthopaedic surgery Frequency 14000 Percentage 96.55 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 27193

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:271X2 Tracking Number L2 Original Specialty Recommended RVU: **10.20**
Presented Recommended RVU: **9.00**
Global Period: 090 RUC Recommended RVU: **9.00**

CPT Descriptor: Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)
(To report closed treatment of only anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral, use the appropriate Evaluation and Management Services codes)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient involved in a vehicular crash has pelvic pain and pain with attempted weight bearing. Imaging studies show minimally displaced fractures of the anterior and posterior portions of the pelvic ring, with ipsilateral fractures of the pubic rami and sacrum. The patient's fractures are treated with manipulation under non-local anesthesia.

Percentage of Survey Respondents who found Vignette to be Typical: 74%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 40%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Explain procedure to patient and/or family. Review the risks and complications associated with fracture treatment. Review the treatment and the expected outcome. Obtain informed consent. Verify all supplies are available. Review imaging studies and verify the fractures. Assist with transfer of patient to fracture table and positioning. Assist in positioning of fluoroscopic imaging equipment and confirm satisfactory visualization of the pelvis (AP, inlet, outlet, and Judet views). Perform surgical "time out" with operating surgical team. Scrub and gown.

Description of Intra-Service Work: The fractures are treated with manipulation under anesthesia to ascertain the propensity for displacement and stability. This includes a combination of skeletal traction, limb positioning, and external supports. A pelvic sling, binder, sheet or other orthosis is applied to enhance fracture stability, increase patient comfort and improve patient mobility.

Description of Post-Service Work:
Facility. Assist positioning for permanent portable radiographs which are reviewed prior to awakening from anesthesia. Assist in transfer from fracture table to stretcher or bed. Monitor patient stabilization in the recovery room. Dictate a procedure report for patient's medical record and provide copies to patient's PCP and insurance company. Discuss activity restrictions with the nursing staff and patient/family; non-weight bearing, using ambulatory aids (wheelchair, crutches or

walker). Instruct nursing staff and patient/family on care of immobilizer. Monitor fracture healing to assure continued fracture alignment and progression of healing, assessing need for surgery. Assess neurovascular status of lower extremities. Monitor pain and write orders for pain management as needed. Write orders for follow-up, post-discharge labs, x-rays, home care, and physical therapy. Write prescriptions for medications needed post-discharge. Home instructions and restrictions (eg, activity, bathing) are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including discharge summary, discharge instructions, medication reconciliation, and insurance forms.

Office. Examine and talk with patient. Answer questions from patient and/or family. Remove immobilizer. Assess circulation, sensation, and motor function of pelvis and lower extremities. Order physical therapy and/or occupational therapy when appropriate and assess rehabilitation. Order and review radiographs. Write prescription orders for pain management. Dictate progress notes for patient's medical record and provide copies to patient's PCP. Follow the patient through healing and restoration of function.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	William Creevy MD; John Heiner MD;		
Specialty(s):	AAOS, OTA		
CPT Code:	271X2		
Sample Size:	644	**Resp N:** 50	**Response:** 7.7 %
Description of Sample:	Random selection from each society membership roster.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**5.00**	14.00	50.00
Survey RVW:	6.75	9.00	**10.50**	12.00	19.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	15.00	26.00	**30.00**	45.00	90.00

Immediate Post Service-Time:	**25.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**80.00**	99231x **2.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	271X2	**Recommended Physician Work RVU: 9.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**25.00**	**30.00**	**-5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**80.00**	99231x **2.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20690	090	8.78	**RUC Time**

CPT Descriptor Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
25605	090	6.25	**RUC Time**

CPT Descriptor Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	60,346

CPT Descriptor 1 Lithotripsy, extracorporeal shock wave

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
47562	090	10.47	**RUC Time**	109,672

CPT Descriptor 2 Laparoscopy, surgical; cholecystectomy

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 32.0 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 24.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 271X2	Top Key Reference CPT Code: 20690	2nd Key Reference CPT Code: **25605**
Median Pre-Service Time	58.00	60.00	20.00
Median Intra-Service Time	30.00	60.00	30.00
Median Immediate Post-service Time	25.00	20.00	13.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	80.0	60.00	0.00
Median Discharge Day Management Time	38.0	38.00	19.00
Median Office Visit Time	62.0	62.00	87.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**293.00**	**300.00**	**169.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.19	1.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.44	1.17
Urgency of medical decision making	1.44	1.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.31	1.33
Physical effort required	0.63	1.33

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.56	1.67
Outcome depends on the skill and judgment of physician	1.50	1.00
Estimated risk of malpractice suit with poor outcome	1.38	1.42

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.63	1.58

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the Notice for Proposed Rulemaking for 2014, CMS proposed code 27193 for review. Code 27194 was added as a family code. The CPT code descriptor changes to codes 27193 and family code 27194 reflect physician work for higher energy posterior pelvic ring injuries. In addition, a parenthetical was added to direct physicians to use E/M coding for the closed treatment of isolated fractures of the anterior pelvic ring (typically lower energy falls from standing in the elderly) to distinguish these injuries from the higher energy and more unstable posterior pelvic ring injuries that may also include the anterior elements of the pelvic ring simultaneously. The inherently stable anterior ring-only fracture should not require close monitoring, manipulation, or treatment and therefore can be reported with an E/M service when diagnosed. The AAOS believes that these coding changes should address the issue of site of service because a patient with a high energy impact injury would not present to an office setting and would/should not be treated in an office setting.

At CPT, the Panel coding experts determined that the proposed descriptor revisions changed the meaning of the codes so that they will now only be for posterior pelvic ring fractures, while anterior only pelvic ring fractures will be reported with E/M codes instead and that new code numbers should be assigned for quality and financial tracking purposes. This is further support that these coding changes should address the issue of office site of service.

Utilization

This is a procedure that will be performed in an OR under anesthesia (general or MAC). We would like to note that 92% of the claims from providers designated as family practice came from one Medicare carrier - Florida (other than Miami and other than greater Ft. Lauderdale). We anticipate that the coding descriptor changes will correct this atypical utilization. We leave further investigation to CMS.

Survey Sample and Process

The survey request was sent to an equal sized random selection from the membership database of the American Academy of Orthopaedic Surgeons (AAOS) and the Orthopaedic Trauma Association (OTA).

Pre-time Package 4 (Difficult Patient/Difficult Procedure)

Evaluation: Standard package time of 40 minutes.
Positioning: Standard package time of 3 minutes for supine positioning on a fracture table.
Scrub, dress, wait: Subtract 5 minutes (total = 15 minutes) to be consistent with survey median time.

Key Reference Codes

The intensity and complexity of 271X2 is significantly greater that the key reference services as indicated by the survey measures.

MPC Comparison

Although the MPC codes 50590 and 47562 require more intra-service time, code 271X2 requires significantly more post-operative work.

MPC	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	32	31	38	13	12
50590	Lithotripsy, extracorporeal shock wave	**9.77**	0.091	**207**	51	**60**	15			0.5	2	1
271X2	Treat pelvic ring fracture with manipulation, requiring anesthesia	**10.20**	0.081	**293**	58	**30**	25	1	2	1	2	1
47562	Laparoscopy, surgical; cholecystectomy	**10.47**	0.082	**228**	65	**80**	25			0.5	1	2

Recommendation – 271X2

Although the lesser work of anterior only fractures is being removed from code 27194, which would suggest an increase in value, **we recommend a work RVU of 10.20**, which is the current work RVU for 27194. A work RVU of 10.20 takes into consideration the considerable global work related to this service. The AAOS and OTA are strongly supportive of maintaining a 90-day global period of all fracture and dislocation treatment codes (ie, open, percutaneous, closed). When multiple trauma occurs, this allows for correct reporting, tracking, and reimbursement under the multiple procedure reduction policy.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 27194

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not avaiable

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 200
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Although the current Medicare utilization for 27194 is 247, we expect the utilization of this code to descrease after the revised descriptor and parenthetical coding guidance is implemented and education is disseminated.

Specialty orthopaedic surgery Frequency 195 Percentage 97.50 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 27194

Tab Number: 7

Issue: Closed Treatment of Pelvic Ring Fracture

Code(s): 271X1 & 271X2

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	William Creevy, MD
Specialty Society:	American Academy of Orthopaedic Surgery
Date:	December 11, 2015

ISSUE: Closed Treatment of Pelvic Ring Fracture

TAB: 7

					RVW					Total	pre	PRE			INTRA					FACILITY						OFFICE			
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	HV	32	31	38	OV	14	13	12	11
REF1	27267	Closed treatment of femoral fracture	25	0.033			5.50			171		7		2			15			5		3		2	1	4			4	
REF2	25605	Closed treatment of distal radial frac	11	0.068			6.25			169	1b	14	1	5			30			13		1			0.5	5		1	4	
current	27193	Closed treatment of pelvic ring fract		0.134			6.09			158		25					10			10		2		1	1	3		1	2	
SVY	271X1	Closed treatment of posterior pelv	56	-0.018	2.50	5.50	6.50	8.13	15.00	213		45	0	0	0	0	5	11	60	10		3	1	1	1	3		1	2	
REC	271X1	Closed treatment of posterior pelvic		-0.071			5.50			180	2a	12	0	0			5			10	7a	3	1	1	1	3		1	2	
REF1	20690	Application of a uniplane (pins or wir	16	0.023			8.78			300		30	15	15			60			20		3	1	1	1	3		2	1	
REF2	25605	Closed treatment of distal radial frac	12	0.068			6.25			169	1b	14	1	5			30			13		0.5			0.5	5		1	4	
current	27194	Closed treatment of pelvic ring fract		0.105			10.20			262		50					30			20		4		3	1	3			4	
SVY	271X2	Closed treatment of posterior pelv	50	0.047	6.75	9.00	10.50	12.00	19.00	330		60	20	15	15	26	30	45	90	25		4	1	2	1	3		2	1	
REC	271X2	Closed treatment of posterior pelvic		0.081			9.00			293	4	40	3	15			30			25	9a	4	1	2	1	3		2	1	

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
NON Facility Direct Inputs

No recommendation for Non Facility inputs

271X1	**Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation**
271X2	**Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)**

Global Period: 090 Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Advisors from the participating specialties reviewed the current PE details for 27193 and 27194.

2. You must provide reference code(s) for comparison on your spreadsheet. N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff: N/A

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

271X1	**Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation**
271X2	**Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)**

Global Period: 090 Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Advisors from the participating specialties reviewed the current PE details for 27193 and 27194 and made adjustments as appropriate.

2. You must provide reference code(s) for comparison on your spreadsheet. Current inputs for 27193 and 27194 are used as reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
The typical patient for this service will not be emergent, but will also not be an elective case. The surgeon's clinical staff will be communicating and coordinating with health care providers at the hospital to request imaging and history for the surgeon's review and the surgeon's office medical record, confirming operating room and anesthesia availability in the event manipulation and/or open treatment becomes necessary, confirming patient clearance for surgery, and monitoring patient status for the surgeon. In addition, the clinical staff will contact PCP and/or family to determine if advanced care medical directive is available and they will followup with obtaining insurance authorization.

Service Clinical Labor Activities:
Clinical staff will assist the surgeon with discharge management, including arrangements for post-discharge imaging, home care, and responding to patient and family questions.

Post-Service Clinical Labor Activities:
Clinical staff will assist the surgeon at post-op office visits.

	A	B	C	D	E	F	G
1				REF CODE		Recommend	
2	**REVISED 1-13-2016**			27193		271X1	
3	**Meeting Date: 01/2016** **Tab: 7** **Specialty: AAOS, MSTS**	**CMS Code**	**Staff Type**	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation		Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**90**	**90**	**90**	**90**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**146**	**162**	**NA**	**122**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**35**	**60**	**0**	**20**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**21**	**12**	**0**	**12**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**90**	**90**	**0**	**90**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L037D**	RN/LPN/MTA	**5**	**5**		**5**
13	Coordinate pre-surgery services	**L037D**	RN/LPN/MTA	**10**	**20**		**7**
14	Schedule space and equipment in facility	**L037D**	RN/LPN/MTA	**0**	**8**		**4**
15	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA	**10**	**20**		**0**
16	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA	**10**	**7**		**4**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L037D**	RN/LPN/MTA	**5**			
22	Obtain vital signs	**L037D**	RN/LPN/MTA	**3**			
23	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA				
24	Prepare room, equipment, supplies	**L037D**	RN/LPN/MTA	**5**			
26	Prepare and position patient/ monitor patient/ set up IV	**L037D**	RN/LPN/MTA	**2**			
29	**Intra-service**						
30	Assist physician in performing procedure	**L037D**	RN/LPN/MTA				
32	**Post-Service**						
35	Clean room/equipment by physician staff	**L037D**	RN/LPN/MTA	**3**			
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	RN/LPN/MTA	**3**			
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	**L037D**	RN/LPN/MTA	**n/a**	**12**	**n/a**	**12**
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions	**L037D**	RN/LPN/MTA	**0**	**0**		
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27	**2**	**2**		**2**
52	99213 36 minutes		36	**1**	**1**		**1**
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**	**L037D**	RN/LPN/MTA	**90**	**90**	**0**	**90**
56	Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack	**4**	**3**	**0**	**3**
60							
61	**EQUIPMENT**	**CODE**					
62	light, exam	EQ168		**131**	**90**	**0**	**0**
63	table, power	EF031		**131**	**90**	**0**	**90**

	A	B	C	H	I	J	K
1				REF CODE		Recommend	
2	**REVISED 1-13-2016**			27194		271X2	
3	**Meeting Date: 01/2016 Tab: 7 Specialty: AAOS, MSTS**	**CMS Code**	**Staff Type**	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia		Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**90**	**90**	**90**	**90**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**N/A**	**180**	**NA**	**131**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**35**	**60**	**0**	**20**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**0**	**12**	**0**	**12**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**0**	**108**	**0**	**99**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L037D**	RN/LPN/MTA	**5**	**5**		**5**
13	Coordinate pre-surgery services	**L037D**	RN/LPN/MTA	**10**	**20**		**7**
14	Schedule space and equipment in facility	**L037D**	RN/LPN/MTA	**0**	**8**		**4**
15	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA	**10**	**20**		**0**
16	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA	**10**	**7**		**4**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L037D**	RN/LPN/MTA				
22	Obtain vital signs	**L037D**	RN/LPN/MTA				
23	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA				
24	Prepare room, equipment, supplies	**L037D**	RN/LPN/MTA				
26	Prepare and position patient/ monitor patient/ set up IV	**L037D**	RN/LPN/MTA				
29	**Intra-service**						
30	Assist physician in performing procedure	**L037D**	RN/LPN/MTA				
32	**Post-Service**						
35	Clean room/equipment by physician staff	**L037D**	RN/LPN/MTA				
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	RN/LPN/MTA				
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	**L037D**	RN/LPN/MTA	**n/a**	**12**	**n/a**	**12**
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions	**L037D**	RN/LPN/MTA	**0**	**0**		
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27		**4**		**1**
52	99213 36 minutes		36				**2**
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**	**L037D**	RN/LPN/MTA	**0**	**108**	**0**	**99**
56	Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack	**0**	**4**	**0**	**3**
60							
61	**EQUIPMENT**	**CODE**					
62	light, exam	EQ168		**0**	**108**	**0**	**0**
63	table, power	EF031		**0**	**108**	**0**	**99**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
090-Day Global Post-Operative Visits Screen

January 2016

Bunionectomy

In January 2014, the RUC reviewed 090-day global services (based on 2012 Medicare utilization data) and identified 10 services, reported at least 1,000 times per year that included more than 6 office visits. CPT code 28293 was identified and the specialty societies added 28290-28299 as part of the family of services. The RUC requested these services be surveyed for work and review the practice expense for the January 2015 RUC meeting. The specialty societies indicated that after reviewing the vignettes and the bunionectomy code descriptors, CPT coding changes were necessary, including deletion of code(s), possible bundling of codes, and general descriptor revisions. In October 2015, the CPT Editorial Panel created two new codes (283X1, 282X2), deleted codes 28290, 28293, 28294 and revised 28289, 28292, 28296, 28297, 28298 and 28299 for more accurate description of the services as they are currently performed.

28289 ***Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant***
After consideration of the preliminary RUC reviewer comments, the specialty society revised their recommendation to the survey 25th percentile. The RUC reviewed the survey responses from 76 orthopaedic surgeons and podiatrists and determined that the survey 25th percentile work RVU of 6.90 appropriately accounts for the work required to perform this service. The RUC agreed with pre-service time of 53 minutes, intra-service time of 45 minutes and immediate post-operative time of 15 minutes. The RUC noted that the pre-service time is appropriate for this service and comparable to other similar services, for example CPT code 20240 *Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur).* The RUC agreed that a half-day 99238, 2-99212 and 2-99213 visits are appropriate to remove splints/dressings, assess surgical wound, remove sutures, assess circulation, sensation and motor function, redress wound and order physical therapy. The RUC compared the surveyed code to key reference services 28122 *Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus* (work RVU = 6.76 and intra-service time of 45 minutes) and 28120 *Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus* (work RVU = 7.31 and intra-service time of 50 minutes) and determined the physician work and time required to perform 28289 appropriately falls in between these two similar services. **The RUC recommends a work RVU of 6.90 for CPT code 28289.**

282X1 ***Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant***
After consideration of the preliminary RUC reviewer comments, the specialty society revised their recommendation to the survey 25th percentile. The RUC reviewed the survey responses from 37 orthopaedic surgeons and podiatrists and determined that the survey 25th percentile work RVU of 8.01 appropriately accounts for the work required to perform this service. The RUC agreed with pre-service time of 53 minutes, intra-service time

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

of 50 minutes and immediate post-operative time of 15 minutes. The RUC noted that the pre-service time is appropriate for this service and comparable to other similar services, for example CPT code 20240 *Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur).* The RUC agreed that a half-day 99238, 2-99212 and 2-99213 visits are appropriate to remove splints/dressings, assess surgical wound, remove sutures, assess circulation, sensation and motor function, redress wound and order physical therapy. The RUC noted that this service is appropriately more work than CPT code 28289. CPT code 28289 procedure is a clean up arthroplasty of osteophytes at joint on a degenerative joint. Whereas, this service is a total joint replacement and includes the work of 28289 with the addition of placement of the total joint including resection of both sides of the joint. The RUC compared the surveyed code to key reference services 28645 *Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed* (work RVU = 7.44 and intra-service time of 45 minutes) and 28750 *Arthrodesis, great toe; metatarsophalangeal joint* (work RVU = 8.57and intra-service time of 75 minutes) and determined the physician work and time required to perform 282X1 appropriately falls in between these two similar services. **The RUC recommends a work RVU of 8.01 for CPT code 282X1.**

28292 ***Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method***
After consideration of the preliminary RUC reviewer comments, the specialty society revised their recommendation to the survey 25th percentile. The RUC reviewed the survey responses from 57 orthopaedic surgeons and podiatrists and determined that the survey 25th percentile work RVU of 7.44 appropriately accounts for the work required to perform this service. The RUC agreed with pre-service time of 53 minutes, intra-service time of 45 minutes and immediate post-operative time of 15 minutes. The RUC noted that the pre-service time is appropriate for this service and comparable to other similar services, for example CPT code 20240 *Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur).* The RUC agreed that a half-day 99238, 3-99212 and 2-99213 visits are appropriate. This service is an osteotomy, which requires more work involving the healing at the joint from a soft tissue stand point and healing of the osteotomy and maintenance of the alignment. The additional office visit is required to assess x-rays for healing, motion and strength at the joint as well as mobility of the patient. Osteotomies require 6-8 weeks to heal and the physician must confirm prior to discharge. The RUC compared the surveyed code to key reference services 28645 *Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed* (work RVU = 7.44 and intra-service time of 45 minutes) and determined the physician work and time required to perform 28292 is the same as reference service code 28645. For additional support, the RUC compared the surveyed code 28750 *Arthrodesis, great toe; metatarsophalangeal joint* (work RVU = 8.57and intra-service time of 75 minutes) **The RUC recommends a work RVU of 7.44 for CPT code 28292.**

28296 ***Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method***
After consideration of the preliminary RUC reviewer comments, the specialty society revised their recommendation to the survey 25th percentile. The RUC reviewed the survey responses from 73 orthopaedic surgeons and podiatrists and determined that the survey 25th percentile work RVU of 8.25 appropriately accounts for the work required to perform this service. The RUC agreed with pre-service time of 53 minutes, intra-service time of 60 minutes and immediate post-operative time of 15 minutes. The RUC noted that the pre-service time is appropriate for this service and comparable to other similar services, for example CPT code 20240 *Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs,*

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*trochanter of femur).*The RUC agreed that a half-day 99238, 3-99212 and 2-99213 visits are appropriate. This service includes an osteotomy which requires more work involving the healing at the joint from a soft tissue stand point and healing of the osteotomy and maintenance of the alignment. The additional office visit is required to assess x-rays for healing, motion and strength at the joint as well as mobility of the patient. Osteotomies require 6-8 weeks to heal and the physician must confirm prior to discharge. The RUC compared the surveyed code to key reference services 28645 *Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed* (work RVU = 7.44 and intra-service time of 45 minutes) and 28750 *Arthrodesis, great toe; metatarsophalangeal joint* (work RVU = 8.57and intra-service time of 75 minutes) and determined the physician work and time required to perform 28296 appropriately falls in between these two similar services. **The RUC recommends a work RVU of 8.25 for CPT code 28296.**

282X2 ***Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method***
After consideration of the preliminary RUC reviewer comments, the specialty society revised their recommendation to the survey 25th percentile. The RUC reviewed the survey responses from 67 orthopaedic surgeons and podiatrists and determined that the survey 25th percentile work RVU of 8.57 appropriately accounts for the work required to perform this service. The RUC agreed with pre-service time of 53 minutes, intra-service time of 60 minutes and immediate post-operative time of 15 minutes. The RUC noted that the pre-service time is appropriate for this service and comparable to other similar services, for example CPT code 20240 *Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur).*The RUC agreed that a half-day 99238, 3-99212 and 2-99213 visits are appropriate. This service includes an osteotomy which requires more work involving the healing at the joint from a soft tissue stand point and healing of the osteotomy and maintenance of the alignment. The additional office visit is required to assess x-rays for healing, motion and strength at the joint as well as mobility of the patient. Osteotomies require 6-8 weeks to heal and the physician must confirm prior to discharge. The RUC compared the surveyed code to key reference services 28750 *Arthrodesis, great toe; metatarsophalangeal joint* (work RVU = 8.57and intra-service time of 75 minutes) and determined the physician work to perform 282X2 is the same as key reference code 28750. For additional support, the RUC compared the surveyed code to 28740 *Arthrodesis, midtarsal or tarsometatarsal, single joint* (work RVU = 9.29 and intra-service time of 80 minutes). The specialty societies indicated and the RUC agreed that this service is more intense than 28296. CPT code 28296 is a metatarsal neck osteotomy and is already exposed at that level and has been operated on. With this service the physician must move the dissection back at the base of the metatarsal, which is harder and contains more cortical bones, which are more difficult to heal. **The RUC recommends a work RVU of 8.57 for CPT code 282X2.**

28297 ***Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method***
After consideration of the preliminary RUC reviewer comments, the specialty society revised their recommendation to the survey 25th percentile. The RUC reviewed the survey responses from 65 orthopaedic surgeons and podiatrists and determined that the survey 25th percentile work RVU of 9.29 appropriately accounts for the work required to perform this service. The RUC agreed with pre-service time of 53 minutes, intra-service time of 75 minutes and immediate post-operative time of 15 minutes. The RUC noted that the pre-service time is appropriate for this service and comparable to other similar services, for example CPT code 20240 *Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur).* The RUC agreed that a half-day 99238, 3-99212 and 2-99213 visits are appropriate. This service includes an osteotomy

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which requires more work involving the healing at the joint from a soft tissue stand point and healing of the osteotomy and maintenance of the alignment. The additional office visit is required to assess x-rays for healing, motion and strength at the joint as well as mobility of the patient. Osteotomies require 6-8 weeks to heal and the physician must confirm prior to discharge. The RUC compared the surveyed code to key reference services 28740 *Arthrodesis, midtarsal or tarsometatarsal, single joint* (work RVU = 9.29 and intra-service time of 80 minutes) and determined the physician work to perform 28297 is the same as key reference code 28740 and requires similar intensity and complexity to perform. For additional support, the RUC compared the surveyed code to 27814 *Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed* (work RVU = 10.62 and intra-service time of 90 minutes) **The RUC recommends a work RVU of 9.29 for CPT code 28297.**

28298 ***Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method***
After consideration of the preliminary RUC reviewer comments, the specialty society revised their recommendation to the survey 25th percentile. The RUC reviewed the survey responses from 73 orthopaedic surgeons and podiatrists and determined that the survey 25th percentile work RVU of 7.75 appropriately accounts for the work required to perform this service. The RUC agreed with pre-service time of 53 minutes, intra-service time of 60 minutes and immediate post-operative time of 15 minutes. The RUC noted that the pre-service time is appropriate for this service and comparable to other similar services, for example CPT code 20240 *Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur).* The RUC agreed that a half-day 99238, 2-99212 and 2-99213 visits are appropriate. The RUC compared the surveyed code to key reference services 28645 *Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed* (work RVU = 7.44 and intra-service time of 45 minutes) and 28750 *Arthrodesis, great toe; metatarsophalangeal joint* (work RVU = 8.57 and intra-service time of 75 minutes) and determined the physician work and time required to perform 28298 appropriately falls in between these two similar services. **The RUC recommends a work RVU of 7.75 for CPT code 28298.**

28299 ***Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method***
After consideration of the preliminary RUC reviewer comments, the specialty society revised their recommendation to the survey 25th percentile. The RUC reviewed the survey responses from 65 orthopaedic surgeons and podiatrists and determined that the survey 25th percentile work RVU of 9.29 appropriately accounts for the work required to perform this service. The RUC agreed with pre-service time of 53 minutes, intra-service time of 75 minutes and immediate post-operative time of 15 minutes. The RUC noted that the pre-service time is appropriate for this service and comparable to other similar services, for example CPT code 20240 *Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur).* The RUC agreed that a half-day 99238, 3-99212 and 2-99213 visits are appropriate. This service includes an osteotomy which requires more work involving the healing at the joint from a soft tissue stand point and healing of the osteotomy and maintenance of the alignment. The additional office visit is required to assess x-rays for healing, motion and strength at the joint as well as mobility of the patient. Osteotomies require 6-8 weeks to heal and the physician must confirm prior to discharge. The RUC compared the surveyed code to key reference services 28750 *Arthrodesis, great toe; metatarsophalangeal joint* (work RVU = 8.57 and intra-service time of 75 minutes) and 27814 *Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed* (work RVU = 10.62 and intra-service time of 90 minutes) and determined the physician work and time

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required to perform 28299 appropriately falls in between these two similar services. The RUC also noted that 28299 requires the same work and intensity and complexity as 28297 (recommended above) and 28740 *Arthrodesis, midtarsal or tarsometatarsal, single joint* (work RVU = 9.29 and intra-service time of 80 minutes). **The RUC recommends a work RVU of 9.29 for CPT code 28299.**

Practice Expense
The Practice Expense Subcommittee made minor modifications and reduced the number of scalpels, ace wraps and the equipment minutes. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲28289	M1	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	090	6.90
●282X1	M2	with implant	090	8.01
D28290		~~Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)~~ (28290 has been deleted. To report, use 28292)	090	N/A
▲28292	M3	Correction, hallux valgus ~~(bunion)~~(bunionectomy), with sesamoidectomy~~or without~~ , when performed; ~~Keller, McBride~~with resection of proximal phalanx base, ~~or Mayo type procedure~~when performed, any method	090	7.44

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D28293		~~Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant~~ (28293 has been deleted. To report, use 282X1)	~~090~~	N/A
D28294		~~Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)~~ (28294 has been deleted. To report, use 28899)	~~090~~	N/A
▲28296	M4	with distal metatarsal osteotomy, any method ~~(eg, Mitchell, Chevron, or concentric type procedures)~~	090	8.25
●282X2	M5	with proximal metatarsal osteotomy, any method	090	8.57
▲28297	M6	with first metatarsal and medial cuneiform joint arthrodesis, any method ~~Lapidus type procedure~~	090	9.29
▲28298	M7	~~by~~with proximal phalanx osteotomy, any method	090	7.75
▲28299	M8	~~by~~with double osteotomy, any method	090	9.29

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:28289 Tracking Number M1 Original Specialty Recommended RVU: **7.44**
Presented Recommended RVU: **6.90**
Global Period: 090 RUC Recommended RVU: **6.90**

CPT Descriptor: Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old female presents with a painful 1st metatarsophalangeal joint that is non-responsive to conservative care. Joint motion is painful and limited. X-rays reveal a dorsal exostosis, with preservation of the joint space. A cheilectomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 33% , In the ASC 66%, In the office 1%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Write preadmission orders for preoperative medications. Review pre-procedural imaging, pathology, and laboratory studies; with special attention to imaging and exam of ipsi- and contralateral lower extremities. Perform and document admission history and physical in facility medical record. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. The patient's leg is placed on the table and positioned with proper bolstering to aid surgical exposure. Supervise positioning of fluoroscopic equipment. Indicate areas of skin to be prepped and mark surgical incisions. An ankle tourniquet is placed. The leg is prepped and draped. Scrub and gown. Perform surgical "time out" with operating team. The leg is elevated and exsanguinated. The pneumatic tourniquet is inflated.

Description of Intra-Service Work: Under anesthesia, a skin incision is centered over the first metatarsophalangeal joint. The neurovascular structures are identified and protected. The incision is carried down to the joint capsule and the capsule is elevated off of the metatarsal head and base of the proximal phalanx. Osteophytes are excised from the metatarsal head and base of the proximal phalanx. The remaining bone is rasped smooth. The joint motion is assessed, and additional bone is removed if necessary. The tourniquet is deflated and hemostasis is obtained. The wound is inspected and irrigated. Local anesthetic medication is injected for post-operative pain control. The incision is closed in layers.

Description of Post-Service Work:

Facility: Apply bulky dressing and short leg splint. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from OR to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Write brief operative note. Write postoperative note in the recovery room. Monitor patient stabilization in the recovery room, including neurovascular status. Dictate operative report and copy referring physician(s). Discuss procedure and outcome with family in waiting area. Physical therapy for the uses of crutches or walker is ordered. Answer patient and/or family questions. Write orders for follow-up and post-discharge laboratory tests and X rays. Write prescriptions for medications needed post-discharge. Discuss home restrictions (ie, diet, activity, bathing) with the patient, family members, and discharge nurse. Provide completed forms for handicap parking. Discharge patient when he has recovered from anesthesia. Complete all appropriate medical records, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

Office: Examine and talk with patient. Answer patient/family questions. Removal of splint/dressings. Assessment of surgical wound. Remove sutures. Assess of circulation, sensation and motor function of the operated extremity. Redress wound. Order physical therapy. Supervise rehabilitation. Monitor physical therapy. Discuss progress with PCP (verbal and written). Write medication prescriptions. Enter progress notes into medical record. During the first six weeks, special attention is given to retaping the forefoot to help control the correction in order to avoid recurrent deformity, or overcorrection.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Peter Mangone MD; Timothy Tillo DPM; William Creevy MD; John Heiner MD		
Specialty(s):	AOFAS, APMA, AAOS		
CPT Code:	28289		
Sample Size:	1104	**Resp N:** 76	**Response:** 6.8 %
Description of Sample:	Random selection from each society's entire membership roster.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	6.00	**14.00**	20.00	50.00
Survey RVW:	5.60	6.90	**7.44**	8.30	13.00
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	20.00	30.00	**45.00**	48.00	150.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**78.00**	99211x **0.00** 12x **2.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	28289	**Recommended Physician Work RVU: 6.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**33.00**	**-18.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**78.00**	99211x **0.00** 12x **2.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
28122	090	6.76	**RUC Time**

CPT Descriptor Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
28120	090	7.31	**RUC Time**

CPT Descriptor Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15823	090	6.81	**RUC Time**	95,033

CPT Descriptor 1 Blepharoplasty, upper eyelid; with excessive skin weighting down lid

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67904	090	7.97	**RUC Time**	49,108

CPT Descriptor 2 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26 **% of respondents:** 34.2 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 21.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 28289	Top Key Reference CPT Code: 28122	2nd Key Reference CPT Code: **28120**
Median Pre-Service Time	53.00	58.00	58.00
Median Intra-Service Time	45.00	45.00	50.00
Median Immediate Post-service Time	15.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	78.0	78.00	94.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**210.00**	**230.00**	**251.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.38	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.12	0.31
Urgency of medical decision making	-0.12	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.27	0.63
Physical effort required	0.12	0.38

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.08	0.50
Outcome depends on the skill and judgment of physician	0.27	0.50
Estimated risk of malpractice suit with poor outcome	0.15	0.44

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.23	0.69

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In January 2014, code 28293 was identified by the RUC as a 090-day global service that included more than six office visits. The RUC requested review of physician work and practice expense for this code. After reviewing the vignettes and the code descriptors for 28293 and family codes, the specialty societies determined that CPT coding changes were required to reflect current practice. The RUC referred the codes to the CPT Editorial Panel for revision. The CPT Editorial Panel deleted three codes, added two codes and revised six codes related to bunion surgery. In addition, the new and revised codes will not retain legacy named procedures (eg, Keller, McBride, or Mayo type procedure). Over time, modifications to and variations of the legacy named procedures have evolved such that including the legacy names in the code descriptors is no longer appropriate.

Survey Process

A RUC survey that included all eight codes was sent to a random selection of surgeons from the membership database of the AOFAS, AAOS, and APMA.

Pre-Time Package 3 (Straightforward Patient/Difficult Procedure)

Evaluation: No change to standard package time of 33 minutes.

Positioning: Add 7 minutes to package time of 3 minutes (total = 10 minutes) for application of a tourniquet, bolstering the leg and foot to aid surgical exposure, setting up fluoroscopy for guidance during procedure, and assessing position of head and other extremities. This is the same or less than additional positioning time that has been approved for many similar ankle and lower leg procedures after implementation of pre-time packages (eg, 28120, 28122, 28725, 28730, 28820, 28825).

Scrub, dress, wait: Subtract 5 minutes from package time of 15 minutes (total = 10 minutes) to correspond to survey median.

Post-Time Package 9B (General Anesthesia or Complex Regional Block/Complex Procedure)

Subtract 18 minutes from package time of 33 minutes (total = 15 minutes) to correspond to survey median.

Post-operative Office Visits

The healing process after hallux deformity correction is dependent on the severity of the deformity and the age and health of the patient.

Visit 1. An interval history is verbally obtained and documented in the medical record. Patient and family's questions about surgical procedure and intra-operative finding is reviewed. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection. Circulation, sensation, and motor function is assessed. The wounds are re-dressed. The splint is reapplied. A PT prescription is generated and discussed with the patient and therapist (by phone if therapist is off site). Patient questions about home activities are addressed. Pain is assessed and medication is ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 2. An interval history is verbally obtained and documented in the medical record. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. The sutures are removed assuming the second visit is two weeks after surgery, although sutures on the bottom of the foot may be left in longer. The wounds are re-dressed, as appropriate. Splint or immobilization is applied, as appropriate. Therapy orders are modified to include scar and edema control techniques. The PT prescription is generated and discussed with the patient and therapist (by phone if the therapist is off site) The PT report is reviewed and signed. Pain is assessed and medication ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 3. An interval history is verbally obtained and documented in the medical record. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. The wounds are re-dressed, as appropriate. Splint or immobilization is applied, as appropriate. Appropriate changes are made in the physical therapy protocol depending upon the patient's progress with healing. Edema control is continued, as is scar control. The PT prescription is generated and discussed with the patient and therapist (by phone if the therapist is off site). The PT report is reviewed and signed. Patient questions about home activities are addressed. Pain is assessed and medication ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 4. An interval history is verbally obtained and documented in the medical record. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. Typically at this point the patient will require continued therapy including a home exercise program. Strengthening exercises are advanced. Discussion is undertaken with patient regarding appropriate shoe wear and activity restrictions to prevent recurrent deformity. If appropriate, discussion is had with the patient regarding return to work and resumption of exercise. The PT report is reviewed and signed. Progress notes are documented in the medical record and copied to the referring physician and/or PCP.

Recommendation

As presented above, three codes were deleted, two codes were added and six codes were revised. In addition, the new and revised codes have not retained legacy named procedures because over time, modifications to and variations of the legacy named procedures have evolved such that including the legacy names in the code descriptors is no longer appropriate.

The time, visit and work RVU recommendations for this family of codes is shown below. We believe that the MPC codes and reference codes support these recommendations. We also believe that the relative rank order is reasonably correct. These recommendations will result in a decrease in work RVUs.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 28289

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilzation not available

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See Excel utilization table below

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 28289

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

2017 CPT	Estimated Utilization	podiatry		orthopaedic surgery		% Others
28289	4,314	2,896	67.1%	1,406	32.6%	0.3%
282X1	3,335	3,157	94.7%	172	5.2%	0.2%
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282X2	2,497	2,085	83.5%	408	16.3%	0.2%
28297	1,736	1,118	64.4%	615	35.4%	0.2%
28298	2,593	1,890	72.9%	692	26.7%	0.4%
28299	4,581	3,616	78.9%	951	20.8%	0.3%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:282X1 Tracking Number M2 Original Specialty Recommended RVU: **8.57**
Presented Recommended RVU: **8.01**
Global Period: 090 RUC Recommended RVU: **8.01**

CPT Descriptor: Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old male presents with chronic 1st metatarsophalangeal joint pain that is non-responsive to conservative care. Joint motion is markedly limited and painful. X-rays reveal marked degenerative changes with end stage arthrosis. A cheilectomy with total joint implant is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 35% , In the ASC 65%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Write preadmission orders for preoperative medications. Review pre-procedural imaging, pathology, and laboratory studies; with special attention to imaging and exam of ipsi- and contralateral lower extremities. Perform and document admission history and physical in facility medical record. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. The patient's leg is placed on the table and positioned with proper bolstering to aid surgical exposure. Supervise positioning of fluoroscopic equipment. Indicate areas of skin to be prepped and mark surgical incisions. An ankle tourniquet is placed. The leg is prepped and draped. Scrub and gown. Perform surgical "time out" with operating team. The leg is elevated and exsanguinated. The pneumatic tourniquet is inflated.

Description of Intra-Service Work: Under anesthesia, a skin incision is centered over the first metatarsophalangeal joint. The neurovascular structures are identified and protected. The incision is carried down to the joint capsule and the capsule is elevated off of the metatarsal head and base of the proximal phalanx. Osteophytes are excised from the metatarsal head and base of the proximal phalanx. The articular cartilage is removed from the joint surfaces. The medullary canal of the metatarsal head and base of the proximal phalanx are reamed to appropriate size. The area is copiously irrigated. The implant is placed and assessed for size and stability. Joint range of motion is evaluated. The tourniquet is deflated and hemostasis is obtained. The wound is inspected and irrigated. Redundant joint capsule is removed and the capsule is repaired. Local anesthetic medication is injected for post-operative pain control. The wound is closed in layers.

Description of Post-Service Work:

Facility: Apply bulky dressing and short leg splint. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from OR to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Write brief operative note. Write postoperative note in the recovery room. Monitor patient stabilization in the recovery room, including neurovascular status. Dictate operative report and copy referring physician(s). Discuss procedure and outcome with family in waiting area. Physical therapy for the uses of crutches or walker is ordered. Answer patient and/or family questions. Write orders for follow-up and post-discharge laboratory tests and X rays. Write prescriptions for medications needed post-discharge. Discuss home restrictions (ie, diet, activity, bathing) with the patient, family members, and discharge nurse. Provide completed forms for handicap parking. Discharge patient when he has recovered from anesthesia. Complete all appropriate medical records, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

Office: Examine and talk with patient. Answer patient/family questions. Removal of splint/dressings. Assessment of surgical wound. Remove sutures. Assess of circulation, sensation and motor function of the operated extremity. Redress wound. Order physical therapy. Supervise rehabilitation. Monitor physical therapy. Discuss progress with PCP (verbal and written). Write medication prescriptions. Enter progress notes into medical record. During the first six weeks, special attention is given to retaping the forefoot to help control the correction in order to avoid recurrent deformity, or overcorrection.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Peter Mangone MD; Timothy Tillo DPM; William Creevy MD; John Heiner MD		
Specialty(s):	AOFAS, APMA, AAOS		
CPT Code:	282X1		
Sample Size:	1104	**Resp N:** 37	**Response:** 3.3 %
Description of Sample:	Random selection from each society's entire membership roster.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**4.00**	10.00	30.00
Survey RVW:	6.75	8.01	**8.57**	9.29	12.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	20.00	45.00	**50.00**	70.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**78.00**	99211x **0.00** 12x **2.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	282X1	**Recommended Physician Work RVU: 8.01**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**50.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**33.00**	**-18.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**78.00**	99211x **0.00** 12x **2.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
28750	090	8.57	**RUC Time**

CPT Descriptor Arthrodesis, great toe; metatarsophalangeal joint

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
28645	090	7.44	**RUC Time**

CPT Descriptor Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67904	090	7.97	**RUC Time**	49,108

CPT Descriptor 1 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
49507	090	9.09	**RUC Time**	11,892

CPT Descriptor 2 Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 45.9 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 21.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 282X1	Top Key Reference CPT Code: 28750	2nd Key Reference CPT Code: **28645**
Median Pre-Service Time	53.00	40.00	60.00
Median Intra-Service Time	50.00	75.00	45.00
Median Immediate Post-service Time	15.00	30.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	0.00	19.00
Median Office Visit Time	78.0	92.00	78.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**215.00**	**237.00**	**217.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.24	0.88
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.00	0.25
Urgency of medical decision making	0.06	-0.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.06	0.50
Physical effort required	-0.12	0.38
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.06	0.13

Outcome depends on the skill and judgment of physician	0.18	0.50
Estimated risk of malpractice suit with poor outcome	0.12	0.38

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.18	0.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In January 2014, code 28293 was identified by the RUC as a 090-day global service that included more than six office visits. The RUC requested review of physician work and practice expense for this code. After reviewing the vignettes and the code descriptors for 28293 and family codes, the specialty societies determined that CPT coding changes were required to reflect current practice. The RUC referred the codes to the CPT Editorial Panel for revision. The CPT Editorial Panel deleted three codes, added two codes and revised six codes related to bunion surgery. In addition, the new and revised codes will not retain legacy named procedures (eg, Keller, McBride, or Mayo type procedure). Over time, modifications to and variations of the legacy named procedures have evolved such that including the legacy names in the code descriptors is no longer appropriate.

Survey Process

A RUC survey that included all eight codes was sent to a random selection of surgeons from the membership database of the AOFAS, AAOS, and APMA.

Pre-Time Package 3 (Straightforward Patient/Difficult Procedure)

Evaluation: No change to standard package time of 33 minutes.

Positioning: Add 7 minutes to package time of 3 minutes (total = 10 minutes) for application of a tourniquet, bolstering the leg and foot to aid surgical exposure, setting up fluoroscopy for guidance during procedure, and assessing position of head and other extremities. This is the same or less than additional positioning time that has been approved for many similar ankle and lower leg procedures after implementation of pre-time packages (eg, 28120, 28122, 28725, 28730, 28820, 28825).

Scrub, dress, wait: Subtract 5 minutes from package time of 15 minutes (total = 10 minutes) to correspond to survey median.

Post-Time Package 9B (General Anesthesia or Complex Regional Block/Complex Procedure)

Subtract 18 minutes from package time of 33 minutes (total = 15 minutes) to correspond to survey median.

Post-operative Office Visits

The healing process after hallux deformity correction is dependent on the severity of the deformity and the age and health of the patient.

Visit 1.An interval history is verbally obtained and documented in the medical record. Patient and family's questions about surgical procedure and intra-operative finding is reviewed. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection. Circulation, sensation, and motor function is assessed. The wounds are re-dressed. The splint is reapplied. A PT prescription is generated and discussed with the patient and therapist (by phone if therapist is off site). Patient questions about home activities are addressed. Pain is assessed and medication is ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 2. An interval history is verbally obtained and documented in the medical record. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. The sutures are removed assuming the second visit is two weeks after surgery, although sutures on the bottom of the foot may be left in longer. The wounds are re-dressed, as appropriate. Splint or immobilization is applied, as appropriate. Therapy orders are modified to include scar and edema control techniques. The PT prescription is generated and discussed with the patient and therapist (by phone if the therapist is off site). The PT report is reviewed and signed. Pain is assessed and medication ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

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Recommendation

As presented above, three codes were deleted, two codes were added and six codes were revised. In addition, the new and revised codes have not retained legacy named procedures because over time, modifications to and variations of the legacy named procedures have evolved such that including the legacy names in the code descriptors is no longer appropriate.

The time, visit and work RVU recommendations for this family of codes is shown below. We believe that the MPC codes and reference codes support these recommendations. We also believe that the relative rank order is reasonably correct. These recommendations will result in a decrease in work RVUs.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 28293

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Sometimes

Specialty orthopaedic surgery How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilzation not available

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See Excel utilization table below

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 28293

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

2017 CPT	Estimated Utilization	podiatry		orthopaedic surgery		% Others
28289	4,314	2,896	67.1%	1,406	32.6%	0.3%
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28299	4,581	3,616	78.9%	951	20.8%	0.3%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:28292 Tracking Number M3 Original Specialty Recommended RVU: **8.20**
Presented Recommended RVU: **7.44**
Global Period: 090 RUC Recommended RVU: **7.44**

CPT Descriptor: Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female presents with a painful bunion deformity that is non-responsive to conservative care. X-rays reveal a moderate bunion with hallux valgus. A bunionectomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 49%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 28% , In the ASC 72%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Write preadmission orders for preoperative medications. Review pre-procedural imaging, pathology, and laboratory studies; with special attention to imaging and exam of ipsi- and contralateral lower extremities. Perform and document admission history and physical in facility medical record. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. The patient's leg is placed on the table and positioned with proper bolstering to aid surgical exposure. Supervise positioning of fluoroscopic equipment. Indicate areas of skin to be prepped and mark surgical incisions. An ankle tourniquet is placed. The leg is prepped and draped. Scrub and gown. Perform surgical "time out" with operating team. The leg is elevated and exsanguinated. The pneumatic tourniquet is inflated.

Description of Intra-Service Work: Under anesthesia, a skin incision is centered over the first metatarsophalangeal joint. The neurovascular structures are identified and protected. This incision is carried down to the joint capsule and the capsule is elevated off of the medial aspect of the metatarsal head and base of the proximal phalanx. The medial eminence is excised. The remaining bone is rasped smooth. The tourniquet is deflated and hemostasis is obtained. The wound is inspected and irrigated. Redundant joint capsule is removed and the capsule is repaired to assist in alignment of the hallux. Local anesthetic medication is injected for post-operative pain control. The wound is closed in layers.

Description of Post-Service Work:
Facility: Apply bulky dressing and short leg splint. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from OR to recovery room. Discuss postoperative

recovery care with anesthesia and nursing staff. Write brief operative note. Write postoperative note in the recovery room. Monitor patient stabilization in the recovery room, including neurovascular status. Dictate operative report and copy referring physician(s). Discuss procedure and outcome with family in waiting area. Physical therapy for the uses of crutches or walker is ordered. Answer patient and/or family questions. Write orders for follow-up and post-discharge laboratory tests and X rays. Write prescriptions for medications needed post-discharge. Discuss home restrictions (ie, diet, activity, bathing) with the patient, family members, and discharge nurse. Provide completed forms for handicap parking. Discharge patient when he has recovered from anesthesia. Complete all appropriate medical records, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

Office: Examine and talk with patient. Answer patient/family questions. Removal of splint/dressings. Assessment of surgical wound. Remove sutures. Assess of circulation, sensation and motor function of the operated extremity. Redress wound. Order physical therapy. Supervise rehabilitation. Monitor physical therapy. Discuss progress with PCP (verbal and written). Write medication prescriptions. Enter progress notes into medical record. During the first six weeks, special attention is given to retaping the forefoot to help control the correction in order to avoid recurrent deformity, or overcorrection.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Peter Mangone MD; Timothy Tillo DPM; William Creevy MD; John Heiner MD				
Specialty(s):	AOFAS, APMA, AAOS				
CPT Code:	28292				
Sample Size:	1104	**Resp N:**	57	**Response:** 5.1 %	
Description of Sample:	Random selection from each society's entire membership roster.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**5.00**	10.00	100.00
Survey RVW:	6.80	7.44	**8.20**	9.00	11.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	20.00	40.00	**45.00**	60.00	120.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**94.00**	99211x **0.00** 12x **3.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	28292	**Recommended Physician Work RVU: 7.44**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**33.00**	**-18.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**94.00**	99211x **0.00** 12x **3.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
28750	090	8.57	**RUC Time**

CPT Descriptor Arthrodesis, great toe; metatarsophalangeal joint

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
28645	090	7.44	**RUC Time**

CPT Descriptor Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67904	090	7.97	**RUC Time**	49,108

CPT Descriptor 1 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54530	090	8.46	**RUC Time**	1,234

CPT Descriptor 2 Orchiectomy, radical, for tumor; inguinal approach

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 18 **% of respondents:** 31.5 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 31.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 28292	Top Key Reference CPT Code: 28750	2nd Key Reference CPT Code: **28645**
Median Pre-Service Time	53.00	40.00	60.00
Median Intra-Service Time	45.00	75.00	45.00
Median Immediate Post-service Time	15.00	30.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	0.00	19.00
Median Office Visit Time	94.0	92.00	78.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**226.00**	**237.00**	**217.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.22	0.28
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.00	0.28
Urgency of medical decision making	0.00	-0.33
Technical Skill/Physical Effort (Mean)		
Technical skill required	-0.17	0.00
Physical effort required	-0.11	0.11
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.06	0.00

Outcome depends on the skill and judgment of physician	0.11	0.17
Estimated risk of malpractice suit with poor outcome	0.33	0.11

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.00	0.28

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In January 2014, code 28293 was identified by the RUC as a 090-day global service that included more than six office visits. The RUC requested review of physician work and practice expense for this code. After reviewing the vignettes and the code descriptors for 28293 and family codes, the specialty societies determined that CPT coding changes were required to reflect current practice. The RUC referred the codes to the CPT Editorial Panel for revision. The CPT Editorial Panel deleted three codes, added two codes and revised six codes related to bunion surgery. In addition, the new and revised codes will not retain legacy named procedures (eg, Keller, McBride, or Mayo type procedure). Over time, modifications to and variations of the legacy named procedures have evolved such that including the legacy names in the code descriptors is no longer appropriate.

Survey Process

A RUC survey that included all eight codes was sent to a random selection of surgeons from the membership database of the AOFAS, AAOS, and APMA.

Pre-Time Package 3 (Straightforward Patient/Difficult Procedure)

Evaluation: No change to standard package time of 33 minutes.

Positioning: Add 7 minutes to package time of 3 minutes (total = 10 minutes) for application of a tourniquet, bolstering the leg and foot to aid surgical exposure, setting up fluoroscopy for guidance during procedure, and assessing position of head and other extremities. This is the same or less than additional positioning time that has been approved for many similar ankle and lower leg procedures after implementation of pre-time packages (eg, 28120, 28122, 28725, 28730, 28820, 28825).

Scrub, dress, wait: Subtract 5 minutes from package time of 15 minutes (total = 10 minutes) to correspond to survey median.

Post-Time Package 9B (General Anesthesia or Complex Regional Block/Complex Procedure)

Subtract 18 minutes from package time of 33 minutes (total = 15 minutes) to correspond to survey median.

Post-operative Office Visits

The healing process after hallux deformity correction is dependent on the severity of the deformity and the age and health of the patient.

Visit 1. An interval history is verbally obtained and documented in the medical record. Patient and family's questions about surgical procedure and intra-operative finding is reviewed. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection. Circulation, sensation, and motor function is assessed. The wounds are re-dressed. The splint is reapplied. A PT prescription is generated and discussed with the patient and therapist (by phone if therapist is off site). Patient questions about home activities are addressed. Pain is assessed and medication is ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 2. An interval history is verbally obtained and documented in the medical record. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. The sutures are removed assuming the second visit is two weeks after surgery, although sutures on the bottom of the foot may be left in longer. The wounds are re-dressed, as appropriate. Splint or immobilization is applied, as appropriate. Therapy orders are modified to include scar and edema control techniques. The PT prescription is generated and discussed with the patient and therapist (by phone if the therapist is off site). The PT report is reviewed and signed. Pain is assessed and medication ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 3. An interval history is verbally obtained and documented in the medical record. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. The wounds are re-dressed, as appropriate. Splint or immobilization is applied, as appropriate. Appropriate changes are made in the physical therapy protocol depending upon the patient's progress with healing. Edema control is continued, as is scar control. The PT prescription is generated and discussed with the patient and therapist (by phone if the therapist is off site). The PT report is reviewed and signed. Patient questions about home activities are addressed. Pain is assessed and medication ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 4. An interval history is verbally obtained and documented in the medical record. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. The wounds are re-dressed, as appropriate. Splint or immobilization is applied, as appropriate. Appropriate changes are made in the physical therapy protocol depending upon the patient's progress with healing. Edema control is continued, as is scar control. The PT prescription is generated and discussed with the patient and therapist (by phone if the therapist is off site). The PT report is reviewed and signed. Patient questions about home activities are addressed. Pain is assessed and medication ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 5. An interval history is verbally obtained and documented in the medical record. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. Typically at this point the patient will require continued therapy including a home exercise program. Strengthening exercises are advanced. Discussion is undertaken with patient regarding appropriate shoe wear and activity restrictions to prevent recurrent deformity. If

appropriate, discussion is had with the patient regarding return to work and resumption of exercise. The PT report is reviewed and signed. Progress notes are documented in the medical record and copied to the referring physician and/or PCP.

Recommendation

As presented above, three codes were deleted, two codes were added and six codes were revised. In addition, the new and revised codes have not retained legacy named procedures because over time, modifications to and variations of the legacy named procedures have evolved such that including the legacy names in the code descriptors is no longer appropriate.

The time, visit and work RVU recommendations for this family of codes is shown below. We believe that the MPC codes and reference codes support these recommendations. We also believe that the relative rank order is reasonably correct. These recommendations will result in a decrease in work RVUs.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 28292, 28290

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Commonly

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilzation not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See Excel utilization table below

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 28292

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

2017 CPT	Estimated Utilization	podiatry		orthopaedic surgery		% Others
28289	4,314	2,896	67.1%	1,406	32.6%	0.3%
282X1	3,335	3,157	94.7%	172	5.2%	0.2%
28292	7,807	6,519	83.5%	1,275	16.3%	0.2%
28296	14,301	12,299	86.0%	1,974	13.8%	0.2%

282X2	2,497	2,085	83.5%	408	16.3%	0.2%
28297	1,736	1,118	64.4%	615	35.4%	0.2%
28298	2,593	1,890	72.9%	692	26.7%	0.4%
28299	4,581	3,616	78.9%	951	20.8%	0.3%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:28296 Tracking Number M4 Original Specialty Recommended RVU: **8.35**
Presented Recommended RVU: **8.25**
Global Period: 090 RUC Recommended RVU: **8.25**

CPT Descriptor: Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female presents with a painful bunion that is non-responsive to conservative care. X-rays reveal a moderate bunion deformity with a moderate intermetatarsal angle. A bunionectomy with a distal first metatarsal osteotomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 32% , In the ASC 67%, In the office 1%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Write preadmission orders for preoperative medications. Review pre-procedural imaging, pathology, and laboratory studies; with special attention to imaging and exam of ipsi- and contralateral lower extremities. Perform and document admission history and physical in facility medical record. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. The patient's leg is placed on the table and positioned with proper bolstering to aid surgical exposure. Supervise positioning of fluoroscopic equipment. Indicate areas of skin to be prepped and mark surgical incisions. An ankle tourniquet is placed. The leg is prepped and draped. Scrub and gown. Perform surgical "time out" with operating team. The leg is elevated and exsanguinated. The pneumatic tourniquet is inflated.

Description of Intra-Service Work: Under anesthesia, a skin incision is centered over the first metatarsophalangeal joint. The neurovascular structures are identified and protected. The adductor hallucis tendon is freed and released. The incision is carried down to the joint capsule and the capsule is elevated off of the metatarsal head and base of the proximal phalanx. The medial eminence is excised. An osteotomy of the metatarsal neck is then performed. The distal portion of the head of the metatarsal is displaced laterally and impacted onto the proximal aspect of the osteotomy. Fixation of the osteotomy is accomplished. Redundant bone on the medial aspect of the first metatarsal is resected. The remaining bone is rasped smooth. The tourniquet is deflated and hemostasis is obtained. The wound is inspected and irrigated. Redundant metatarsophalangeal joint capsule is removed and the capsule is repaired to assist in alignment of the hallux. Local anesthetic medication is injected for post-operative pain control. The wound is closed in layers.

Description of Post-Service Work:
Facility: Apply bulky dressing and short leg splint. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from OR to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Write brief operative note. Write postoperative note in the recovery room. Monitor patient stabilization in the recovery room, including neurovascular status. Dictate operative report and copy referring physician(s). Discuss procedure and outcome with family in waiting area. Physical therapy for the uses of crutches or walker is ordered. Answer patient and/or family questions. Write orders for follow-up and post-discharge laboratory tests and X rays. Write prescriptions for medications needed post-discharge. Discuss home restrictions (ie, diet, activity, bathing) with the patient, family members, and discharge nurse. Discharge patient when he has recovered from anesthesia. Complete all appropriate medical records, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

Office: Examine and talk with patient. Answer patient/family questions. Removal of splint/dressings. Assessment of surgical wound. Remove sutures. Assess of circulation, sensation and motor function of the operated extremity. Redress wound. Order physical therapy. Supervise rehabilitation. Monitor physical therapy. Discuss progress with PCP (verbal and written). Write medication prescriptions. Enter progress notes into medical record. During the first six weeks, special attention is given to retaping the forefoot to help control the correction in order to avoid recurrent deformity, or overcorrection.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Peter Mangone MD; Timothy Tillo DPM; William Creevy MD; John Heiner MD				
Specialty(s):	AOFAS, APMA, AAOS				
CPT Code:	28296				
Sample Size:	1104	**Resp N:**	73	**Response:** 6.6 %	
Description of Sample:	Random selection from each society's entire membership roster.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	10.00	**20.00**	30.00	100.00
Survey RVW:	6.85	8.25	**8.75**	9.40	14.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	30.00	45.00	**60.00**	60.00	120.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**94.00**	99211x **0.00** 12x **3.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	28296	**Recommended Physician Work RVU: 8.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**33.00**	**-18.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**94.00**	99211x **0.00** 12x **3.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
28750	090	8.57	**RUC Time**

CPT Descriptor Arthrodesis, great toe; metatarsophalangeal joint

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
28645	090	7.44	**RUC Time**

CPT Descriptor Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
49505	090	7.96	**RUC Time**	71,188

CPT Descriptor 1 Repair initial inguinal hernia, age 5 years or older; reducible

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54530	090	8.46	**RUC Time**	1,234

CPT Descriptor 2 Orchiectomy, radical, for tumor; inguinal approach

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 39 **% of respondents:** 53.4 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 19.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 28296	Top Key Reference CPT Code: 28750	2nd Key Reference CPT Code: **28645**
Median Pre-Service Time	53.00	40.00	60.00
Median Intra-Service Time	60.00	75.00	45.00
Median Immediate Post-service Time	15.00	30.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	0.00	19.00
Median Office Visit Time	94.0	92.00	78.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**241.00**	**237.00**	**217.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.33	0.36
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.18	0.00
Urgency of medical decision making	0.10	-0.71
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.28	0.14
Physical effort required	0.10	-0.07
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.23	0.14

Outcome depends on the skill and judgment of physician	0.38	0.57
Estimated risk of malpractice suit with poor outcome	0.51	0.50

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.49	0.36

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In January 2014, code 28293 was identified by the RUC as a 090-day global service that included more than six office visits. The RUC requested review of physician work and practice expense for this code. After reviewing the vignettes and the code descriptors for 28293 and family codes, the specialty societies determined that CPT coding changes were required to reflect current practice. The RUC referred the codes to the CPT Editorial Panel for revision. The CPT Editorial Panel deleted three codes, added two codes and revised six codes related to bunion surgery. In addition, the new and revised codes will not retain legacy named procedures (eg, Keller, McBride, or Mayo type procedure). Over time, modifications to and variations of the legacy named procedures have evolved such that including the legacy names in the code descriptors is no longer appropriate.

Survey Process

A RUC survey that included all eight codes was sent to a random selection of surgeons from the membership database of the AOFAS, AAOS, and APMA.

Pre-Time Package 3 (Straightforward Patient/Difficult Procedure)

Evaluation: No change to standard package time of 33 minutes.

Positioning: Add 7 minutes to package time of 3 minutes (total = 10 minutes) for application of a tourniquet, bolstering the leg and foot to aid surgical exposure, setting up fluoroscopy for guidance during procedure, and assessing position of head and other extremities. This is the same or less than additional positioning time that has been approved for many similar ankle and lower leg procedures after implementation of pre-time packages (eg, 28120, 28122, 28725, 28730, 28820, 28825).

Scrub, dress, wait: Subtract 5 minutes from package time of 15 minutes (total = 10 minutes) to correspond to survey median.

Post-Time Package 9B (General Anesthesia or Complex Regional Block/Complex Procedure)

Subtract 18 minutes from package time of 33 minutes (total = 15 minutes) to correspond to survey median.

Post-operative Office Visits

The healing process after hallux deformity correction is dependent on the severity of the deformity and the age and health of the patient.

Visit 1. An interval history is verbally obtained and documented in the medical record. Patient and family's questions about surgical procedure and intra-operative finding is reviewed. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection. Circulation, sensation, and motor function is assessed. The wounds are re-dressed. The splint is reapplied. A PT prescription is generated and discussed with the patient and therapist (by phone if therapist is off site). Patient questions about home activities are addressed. Pain is assessed and medication is ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 2. An interval history is verbally obtained and documented in the medical record The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. The sutures are removed assuming the second visit is two weeks after surgery, although sutures on the bottom of the foot may be left in longer. The wounds are re-dressed, as appropriate. Splint or immobilization is applied, as appropriate. Therapy orders are modified to include scar and edema control techniques. The PT prescription is generated and discussed with the patient and therapist (by phone if the therapist is off site). The PT report is reviewed and signed. Pain is assessed and medication ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 3. An interval history is verbally obtained and documented in the medical record The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. The wounds are re-dressed, as appropriate. Splint or immobilization is applied, as appropriate. Appropriate changes are made in the physical therapy protocol depending upon the patient's progress with healing. Edema control is continued, as is scar control. The PT prescription is generated and discussed with the patient and therapist (by phone if the therapist is off site). The PT report is reviewed and signed. Patient questions about home activities are addressed. Pain is assessed and medication ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 4. An interval history is verbally obtained and documented in the medical record The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. The wounds are re-dressed, as appropriate. Splint or immobilization is applied, as appropriate. Appropriate changes are made in the physical therapy protocol depending upon the patient's progress with healing. Edema control is continued, as is scar control. The PT prescription is generated and discussed with the patient and therapist (by phone if the therapist is off site). The PT report is reviewed and signed. Patient questions about home activities are addressed. Pain is assessed and medication ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 5. An interval history is verbally obtained and documented in the medical record The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. Typically at this point the patient will require continued therapy including a home exercise program. Strengthening exercises are advanced. Discussion is undertaken with patient regarding appropriate shoe wear and activity restrictions to prevent recurrent deformity. If

appropriate, discussion is had with the patient regarding return to work and resumption of exercise. The PT report is reviewed and signed. Progress notes are documented in the medical record and copied to the referring physician and/or PCP.

Recommendation

As presented above, three codes were deleted, two codes were added and six codes were revised. In addition, the new and revised codes have not retained legacy named procedures because over time, modifications to and variations of the legacy named procedures have evolved such that including the legacy names in the code descriptors is no longer appropriate.

The time, visit and work RVU recommendations for this family of codes is shown below. We believe that the MPC codes and reference codes support these recommendations. We also believe that the relative rank order is reasonably correct. These recommendations will result in a decrease in work RVUs.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 28296

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Commonly

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilzation not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See Excel utilization table below

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 28296

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

2017 CPT	Estimated Utilization	podiatry		orthopaedic surgery		% Others
28289	4,314	2,896	67.1%	1,406	32.6%	0.3%
282X1	3,335	3,157	94.7%	172	5.2%	0.2%
28292	7,807	6,519	83.5%	1,275	16.3%	0.2%
28296	14,301	12,299	86.0%	1,974	13.8%	0.2%

282X2	2,497	2,085	83.5%	408	16.3%	0.2%
28297	1,736	1,118	64.4%	615	35.4%	0.2%
28298	2,593	1,890	72.9%	692	26.7%	0.4%
28299	4,581	3,616	78.9%	951	20.8%	0.3%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:282X2 Tracking Number M5 Original Specialty Recommended RVU: **9.29**
Presented Recommended RVU: **8.57**
Global Period: 090 RUC Recommended RVU: **8.57**

CPT Descriptor: Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female presents with a painful bunion deformity that is non-responsive to conservative care. X-rays reveal a moderate-severe bunion deformity with a markedly increased intermetatarsal angle. A bunionectomy with proximal metatarsal osteotomy is performed

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 30% , In the ASC 70%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Write preadmission orders for preoperative medications. Review pre-procedural imaging, pathology, and laboratory studies; with special attention to imaging and exam of ipsi- and contralateral lower extremities. Perform and document admission history and physical in facility medical record. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. The patient's leg is placed on the table and positioned with proper bolstering to aid surgical exposure. Supervise positioning of fluoroscopic equipment. Indicate areas of skin to be prepped and mark surgical incisions. An ankle tourniquet is placed. The leg is prepped and draped. Scrub and gown. Perform surgical "time out" with operating team. The leg is elevated and exsanguinated. The pneumatic tourniquet is inflated.

Description of Intra-Service Work: Under anesthesia, a skin incision is made from the medial cuneiform to the base of the proximal phalanx. The neurovascular structures are identified and protected. The adductor hallucis tendon is freed and released. Distally, the incision is carried down to the metatarsophalangeal joint capsule and the capsule is elevated off of the metatarsal head and base of the proximal phalanx. The medial eminence is excised. The remaining bone is rasped smooth and the site is irrigated. Dissection is then directed to the base of the first metatarsal. The long extensor tendon is retracted and the base of the first metatarsal is exposed by sub-periosteal dissection. An osteotomy is made at the base of the first metatarsal and the metatarsal is realigned. Fixation of the osteotomy is accomplished. The tourniquet is deflated and hemostasis is obtained. The wound is inspected and irrigated. Redundant metatarsophalangeal joint capsule is removed

and the capsule is repaired to assist in alignment of the hallux. Local anesthetic medication is injected for post-operative pain control. The wound is closed in layers.

Description of Post-Service Work:
Facility: Apply bulky dressing and short leg splint. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from OR to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Write brief operative note. Write postoperative note in the recovery room. Monitor patient stabilization in the recovery room, including neurovascular status. Dictate operative report and copy referring physician(s). Discuss procedure and outcome with family in waiting area. Physical therapy for the uses of crutches or walker is ordered. Answer patient and/or family questions. Write orders for follow-up and post-discharge laboratory tests and X rays. Write prescriptions for medications needed post-discharge. Discuss home restrictions (ie, diet, activity, bathing) with the patient, family members, and discharge nurse. Provide completed forms for handicap parking. Discharge patient when he has recovered from anesthesia. Complete all appropriate medical records, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

Office: Examine and talk with patient. Answer patient/family questions. Removal of splint/dressings. Assessment of surgical wound. Remove sutures. Assess of circulation, sensation and motor function of the operated extremity. Redress wound. Order physical therapy. Supervise rehabilitation. Monitor physical therapy. Discuss progress with PCP (verbal and written). Write medication prescriptions. Enter progress notes into medical record. During the first six weeks, special attention is given to retaping the forefoot to help control the correction in order to avoid recurrent deformity, or overcorrection.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Peter Mangone MD; Timothy Tillo DPM; William Creevy MD; John Heiner MD		
Specialty(s):	AOFAS, APMA, AAOS		
CPT Code:	282X2		
Sample Size:	1104	**Resp N:** 67	**Response:** 6.0 %
Description of Sample:	Random selection from each society's entire membership roster.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	20.00	100.00
Survey RVW:	6.85	8.57	**9.29**	10.00	14.02
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	30.00	50.00	**60.00**	75.00	120.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**94.00**	99211x **0.00** 12x **3.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	282X2	**Recommended Physician Work RVU: 8.57**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**33.00**	**-18.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**94.00**	99211x **0.00** 12x **3.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
28750	090	8.57	**RUC Time**

CPT Descriptor Arthrodesis, great toe; metatarsophalangeal joint

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
28740	090	9.29	**RUC Time**

CPT Descriptor Arthrodesis, midtarsal or tarsometatarsal, single joint

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
49507	090	9.09	**RUC Time**	11,892

CPT Descriptor 1 Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	59,801

CPT Descriptor 2 Lithotripsy, extracorporeal shock wave

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 35.8 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 26.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 282X2	Top Key Reference CPT Code: 28750	2nd Key Reference CPT Code: **28740**
Median Pre-Service Time	53.00	40.00	45.00
Median Intra-Service Time	60.00	75.00	80.00
Median Immediate Post-service Time	15.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	0.00	19.00
Median Office Visit Time	94.0	92.00	92.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**241.00**	**237.00**	**266.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.33	0.28
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.25	0.22
Urgency of medical decision making	0.17	0.11
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.42	0.50
Physical effort required	0.21	0.17
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.17	0.33

Outcome depends on the skill and judgment of physician	0.46	0.44
Estimated risk of malpractice suit with poor outcome	0.46	0.44

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.50	0.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In January 2014, code 28293 was identified by the RUC as a 090-day global service that included more than six office visits. The RUC requested review of physician work and practice expense for this code. After reviewing the vignettes and the code descriptors for 28293 and family codes, the specialty societies determined that CPT coding changes were required to reflect current practice. The RUC referred the codes to the CPT Editorial Panel for revision. The CPT Editorial Panel deleted three codes, added two codes and revised six codes related to bunion surgery. In addition, the new and revised codes will not retain legacy named procedures (eg, Keller, McBride, or Mayo type procedure). Over time, modifications to and variations of the legacy named procedures have evolved such that including the legacy names in the code descriptors is no longer appropriate.

Survey Process

A RUC survey that included all eight codes was sent to a random selection of surgeons from the membership database of the AOFAS, AAOS, and APMA.

Pre-Time Package 3 (Straightforward Patient/Difficult Procedure)

Evaluation: No change to standard package time of 33 minutes.

Positioning: Add 7 minutes to package time of 3 minutes (total = 10 minutes) for application of a tourniquet, bolstering the leg and foot to aid surgical exposure, setting up fluoroscopy for guidance during procedure, and assessing position of head and other extremities. This is the same or less than additional positioning time that has been approved for many similar ankle and lower leg procedures after implementation of pre-time packages (eg, 28120, 28122, 28725, 28730, 28820, 28825).

Scrub, dress, wait: Subtract 5 minutes from package time of 15 minutes (total = 10 minutes) to correspond to survey median.

Post-Time Package 9B (General Anesthesia or Complex Regional Block/Complex Procedure)

Subtract 18 minutes from package time of 33 minutes (total = 15 minutes) to correspond to survey median.

Post-operative Office Visits

The healing process after hallux deformity correction is dependent on the severity of the deformity and the age and health of the patient.

Visit 1. An interval history is verbally obtained and documented in the medical record. Patient and family's questions about surgical procedure and intra-operative finding is reviewed. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection. Circulation, sensation, and motor function is assessed. The wounds are re-dressed. The splint is reapplied. A PT prescription is generated and discussed with the patient and therapist (by phone if therapist is off site).Patient questions about home activities are addressed. Pain is assessed and medication is ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 2. Patient and family's questions about surgical procedure and intra-operative finding is reviewed. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. The sutures are removed assuming the second visit is two weeks after surgery, although sutures on the bottom of the foot may be left in longer. The wounds are re-dressed, as appropriate. Splint or immobilization is applied, as appropriate. Therapy orders are modified to include scar and edema control techniques. The PT prescription is generated and discussed with the patient and therapist (by phone if the therapist is off site). The PT report is reviewed and signed. Pain is assessed and medication ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

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Visit 4. Patient and family's questions about surgical procedure and intra-operative finding is reviewed. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. The wounds are re-dressed, as appropriate. Splint or immobilization is applied, as appropriate. Appropriate changes are made in the physical therapy protocol depending upon the patient's progress with healing. Edema control is continued, as is scar control. The PT prescription is generated and discussed with the patient and therapist (by phone if the therapist is off site). The PT report is reviewed and signed. Patient questions about home activities are addressed. Pain is assessed and medication ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 5. Patient and family's questions about surgical procedure and intra-operative finding is reviewed. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. Typically at this point the patient will require continued therapy including a home exercise program. Strengthening exercises are advanced. Discussion is undertaken with patient regarding appropriate shoe wear and activity restrictions to prevent recurrent

deformity. If appropriate, discussion is had with the patient regarding return to work and resumption of exercise. The PT report is reviewed and signed. Progress notes are documented in the medical record and copied to the referring physician and/or PCP.

Recommendation

As presented above, three codes were deleted, two codes were added and six codes were revised. In addition, the new and revised codes have not retained legacy named procedures because over time, modifications to and variations of the legacy named procedures have evolved such that including the legacy names in the code descriptors is no longer appropriate.

The time, visit and work RVU recommendations for this family of codes is shown below. We believe that the MPC codes and reference codes support these recommendations. We also believe that the relative rank order is reasonably correct. These recommendations will result in a decrease in work RVUs.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 28292, 28306-51

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. national utilzation not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See Excel utilization table below

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 28296

2017 CPT	Estimated Utilization	podiatry		orthopaedic surgery		% Others
28289	4,314	2,896	67.1%	1,406	32.6%	0.3%
282X1	3,335	3,157	94.7%	172	5.2%	0.2%
28292	7,807	6,519	83.5%	1,275	16.3%	0.2%
28296	14,301	12,299	86.0%	1,974	13.8%	0.2%

282X2	2,497	2,085	83.5%	408	16.3%	0.2%
28297	1,736	1,118	64.4%	615	35.4%	0.2%
28298	2,593	1,890	72.9%	692	26.7%	0.4%
28299	4,581	3,616	78.9%	951	20.8%	0.3%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:28297 Tracking Number M6 Original Specialty Recommended RVU: **10.00**
Presented Recommended RVU: **9.29**
Global Period: 090 RUC Recommended RVU: **9.29**

CPT Descriptor: Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 40-year-old female presents with a painful bunion deformity and hypermobile medial column that is non-responsive to conservative care. X-rays reveal a moderate-severe bunion deformity with an increased intermetatarsal angle. A bunionectomy with 1st metatarsal cuneiform arthrodesis is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 42% , In the ASC 57%, In the office 1%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 89% , Overnight stay-less than 24 hours 7% , Overnight stay-more than 24 hours 4%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 4%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Write preadmission orders for preoperative medications. Review pre-procedural imaging, pathology, and laboratory studies; with special attention to imaging and exam of ipsi- and contralateral lower extremities. Perform and document admission history and physical in facility medical record. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. The patient's leg is placed on the table and positioned with proper bolstering to aid surgical exposure. Supervise positioning of fluoroscopic equipment. Indicate areas of skin to be prepped and mark surgical incisions. An ankle tourniquet is placed. The leg is prepped and draped. Scrub and gown is completed. Perform surgical "time out" with operating team. The leg is elevated and exsanguinated. The pneumatic tourniquet is inflated.

Description of Intra-Service Work: Under anesthesia, a skin incision is made from the medial cuneiform to the base of the proximal phalanx. The neurovascular structures are identified and protected. The adductor hallucis tendon is freed and released. The incision is carried down to the metatarsophalangeal joint capsule and the capsule is elevated off of the metatarsal head and base of the proximal phalanx. The medial eminence is excised. The remaining bone is rasped smooth. and the site is irrigated. Dissection is then directed to the base of the first metatarsal and medial cuneiform. The long extensor tendon is retracted and the first metatarsal cuneiform joint is exposed. The articular cartilage of the medial cuneiform first metatarsal joint is excised and the joint surface is appropriately remodeled to allow for correction of the intermetatarsal angle. Temporary fixation with K-wires is obtained and radiographs are taken to assess alignment. Permanent fixation is accomplished, and the K-wires are removed. The tourniquet is deflated and hemostasis is obtained. The wound is inspected and irrigated. Redundant metatarsophalangeal joint capsule is removed and the capsule is repaired

to assist in alignment of the hallux. Local anesthetic medication is injected for post-operative pain control. The wound is closed in layers.

Description of Post-Service Work: Facility: Apply bulky dressing and short leg splint. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from OR to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Write brief operative note. Write postoperative note in the recovery room. Monitor patient stabilization in the recovery room, including neurovascular status. Dictate operative report and copy referring physician(s). Discuss procedure and outcome with family in waiting area. Physical therapy for the uses of crutches or walker is ordered. Answer patient and/or family questions. Write orders for follow-up and post-discharge laboratory tests and X rays. Write prescriptions for medications needed post-discharge. Discuss home instructions and restrictions (ie, diet, activity, bathing) with the patient, family members, and discharge nurse. Provide completed forms for handicap parking. Discharge patient when he has recovered from anesthesia. Complete all appropriate medical records, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

Office: Obtain interval history. Examine and talk with patient. Answer patient/family questions. Removal and re-application of splint/dressings. Assessment of surgical wound. Imaging studies ordered and reviewed. Remove sutures. Assess of circulation, sensation and motor function of the operated extremity. Redress wound. Order physical therapy. Supervise rehabilitation. Monitor physical therapy, including reading and responding to physical therapist notes/questions. Discuss progress with PCP (verbal and written). Write medication prescriptions. Enter progress notes into medical record. During the first six weeks, special attention is given to retaping the forefoot to help control the correction in order to avoid recurrent deformity, or overcorrection.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016					
Presenter(s):	Peter Mangone MD; Timothy Tillo DPM; William Creevy MD; John Heiner MD					
Specialty(s):	AOFAS, APMA, AAOS					
CPT Code:	28297					
Sample Size:	1104	**Resp N:**	65	**Response:** 5.8 %		
Description of Sample:	Random selection from each society's entire membership roster.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	4.00	**6.00**	20.00	50.00	
Survey RVW:	7.00	9.29	**10.00**	11.00	19.00	
Pre-Service Evaluation Time:			**40.00**			
Pre-Service Positioning Time:			**10.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	40.00	60.00	**75.00**	90.00	160.00	
Immediate Post Service-Time:	**15.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**94.00**	99211x **0.00** 12x **3.00** 13x **2.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	28297	**Recommended Physician Work RVU: 9.29**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**75.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**33.00**	**-18.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**94.00**	99211x **0.00** 12x **3.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
28740	090	9.29	**RUC Time**

CPT Descriptor Arthrodesis, midtarsal or tarsometatarsal, single joint

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
27814	090	10.62	**RUC Time**

CPT Descriptor Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
21015	090	9.89	**RUC Time**	941

CPT Descriptor 1 Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
47562	090	10.47	**RUC Time**	109,200

CPT Descriptor 2 Laparoscopy, surgical; cholecystectomy

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 39 **% of respondents:** 60.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 12.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 28297	Top Key Reference CPT Code: 28740	2nd Key Reference CPT Code: **27814**
Median Pre-Service Time	53.00	45.00	58.00
Median Intra-Service Time	75.00	80.00	90.00
Median Immediate Post-service Time	15.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	40.00
Median Discharge Day Management Time	19.0	19.00	38.00
Median Office Visit Time	94.0	92.00	78.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**256.00**	**266.00**	**334.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.49	0.75
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.33	0.50
Urgency of medical decision making	0.15	-0.38
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.74	0.75
Physical effort required	0.56	0.00
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.46	0.00

Outcome depends on the skill and judgment of physician	0.51	0.63
Estimated risk of malpractice suit with poor outcome	0.69	0.38

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.79	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In January 2014, code 28293 was identified by the RUC as a 090-day global service that included more than six office visits. The RUC requested review of physician work and practice expense for this code. After reviewing the vignettes and the code descriptors for 28293 and family codes, the specialty societies determined that CPT coding changes were required to reflect current practice. The RUC referred the codes to the CPT Editorial Panel for revision. The CPT Editorial Panel deleted three codes, added two codes and revised six codes related to bunion surgery. In addition, the new and revised codes will not retain legacy named procedures (eg, Keller, McBride, or Mayo type procedure). Over time, modifications to and variations of the legacy named procedures have evolved such that including the legacy names in the code descriptors is no longer appropriate.

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Evaluation: No change to standard package time of 33 minutes.

Positioning: Add 7 minutes to package time of 3 minutes (total = 10 minutes) for application of a tourniquet, bolstering the leg and foot to aid surgical exposure, setting up fluoroscopy for guidance during procedure, and assessing position of head and other extremities. This is the same or less than additional positioning time that has been approved for many similar ankle and lower leg procedures after implementation of pre-time packages (eg, 28120, 28122, 28725, 28730, 28820, 28825).

Scrub, dress, wait: Subtract 5 minutes from package time of 15 minutes (total = 10 minutes) to correspond to survey median.

Post-Time Package 9B (General Anesthesia or Complex Regional Block/Complex Procedure)

Subtract 18 minutes from package time of 33 minutes (total = 15 minutes) to correspond to survey median.

Post-operative Office Visits

The healing process after hallux deformity correction is dependent on the severity of the deformity and the age and health of the patient.

Visit 1. An interval history is verbally obtained and documented in the medical record. Patient and family's questions about surgical procedure and intra-operative finding is reviewed. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection. Circulation, sensation, and motor function is assessed. The wounds are re-dressed. Imaging studies ordered and reviewed with the patient as necessary. Splint or immobilization is applied. A physical therapy prescription is generated and discussed with the patient and, as necessary, with the therapist (by phone if the therapist is off site). Patient questions about home activities are addressed. Pain is assessed and new medication prescriptions written as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is completed if needed.

Visit 2. An interval history is verbally obtained and documented in the medical record. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. Imaging studies ordered and reviewed as necessary. The sutures are removed assuming the second visit is two weeks after surgery, although sutures on the bottom of the foot may be left in longer. The wounds are redressed, as appropriate. Splint or immobilization is applied, as appropriate. Therapy orders are modified to include scar and edema control techniques. The PT prescription is generated and discussed with the patient and, as necessary, with the therapist (by phone if the therapist is off site). The PT report is reviewed and signed. Pain is assessed and medication prescriptions written as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is completed if needed.

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Visit 5. An interval history is verbally obtained and documented in the medical record. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. Typically at this point the patient will require continued therapy including a home exercise program. Strengthening exercises are advanced. Discussion is undertaken with patient regarding appropriate shoe wear and activity restrictions to prevent recurrent deformity. If appropriate, discussion is had with the patient regarding return to work and

resumption of exercise. The PT report is reviewed and signed. Progress notes are documented in the medical record and copied to the referring physician and/or PCP.

Recommendation

As presented above, three codes were deleted, two codes were added and six codes were revised. In addition, the new and revised codes have not retained legacy named procedures because over time, modifications to and variations of the legacy named procedures have evolved such that including the legacy names in the code descriptors is no longer appropriate.

The time, visit and work RVU recommendations for this family of codes is shown below. We believe that the MPC codes and reference codes support these recommendations. We also believe that the relative rank order is reasonably correct. These recommendations will result in a decrease in work RVUs.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 28297

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilzation not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See Excel utilization table below

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 28297

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

2017 CPT	Estimated Utilization	podiatry		orthopaedic surgery		% Others
28289	4,314	2,896	67.1%	1,406	32.6%	0.3%
282X1	3,335	3,157	94.7%	172	5.2%	0.2%
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282X2	2,497	2,085	83.5%	408	16.3%	0.2%
28297	1,736	1,118	64.4%	615	35.4%	0.2%
28298	2,593	1,890	72.9%	692	26.7%	0.4%
28299	4,581	3,616	78.9%	951	20.8%	0.3%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:28298 Tracking Number M7 Original Specialty Recommended RVU: **8.13**
Presented Recommended RVU: **7.75**
Global Period: 090 RUC Recommended RVU: **7.75**

CPT Descriptor: Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female presents with a painful bunion deformity with an angular deviation of the great toe at the proximal phalanx that is non-responsive to conservative care. X-rays reveal a mild bunion deformity with moderate hallux valgus. A bunionectomy with proximal phalanx osteotomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 36% , In the ASC 63%, In the office 1%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 96% , Overnight stay-less than 24 hours 4% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Write preadmission orders for preoperative medications. Review pre-procedural imaging, pathology, and laboratory studies; with special attention to imaging and exam of ipsi- and contralateral lower extremities. Perform and document admission history and physical in facility medical record. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. The patient's leg is placed on the table and positioned with proper bolstering to aid surgical exposure. Supervise positioning of fluoroscopic equipment. Indicate areas of skin to be prepped and mark surgical incisions. An ankle tourniquet is placed. The leg is prepped and draped. Scrub and gown. Perform surgical "time out" with operating team. The leg is elevated and exsanguinated. The pneumatic tourniquet is inflated.

Description of Intra-Service Work: Under anesthesia, a skin incision is centered over the first metatarsophalangeal joint. The neurovascular structures are identified and protected. The adductor hallucis tendon is freed and released. The incision is carried down to the joint capsule and the capsule is elevated off of the metatarsal head and base of the proximal phalanx. The medial eminence of the metatarsal head is excised. The bone is rasped smooth. Dissection is then directed to the base of the proximal phalanx. After retracting the long extensor tendon, the base of the phalanx is exposed by sub-periosteal dissection. An osteotomy is performed on the phalangeal base and the bone is realigned. Fixation of the osteotomy is accomplished. The tourniquet is deflated and hemostasis is obtained. The wound is inspected and irrigated. Redundant metatarsophalangeal joint capsule is removed and the capsule is repaired to assist in alignment of the hallux. Local anesthetic medication is injected for post-operative pain control. The wound is closed in layers.

Description of Post-Service Work:
Facility: Apply bulky dressing and short leg splint. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from OR to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Write brief operative note. Write postoperative note in the recovery room. Monitor patient stabilization in the recovery room, including neurovascular status. Dictate operative report and copy referring physician(s). Discuss procedure and outcome with family in waiting area. Physical therapy for the uses of crutches or walker is ordered. Answer patient and/or family questions. Write orders for follow-up and post-discharge laboratory tests and X rays. Write prescriptions for medications needed post-discharge. Discuss home restrictions (ie, diet, activity, bathing) with the patient, family members, and discharge nurse. Provide completed forms for handicap parking. Discharge patient when he has recovered from anesthesia. Complete all appropriate medical records, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

Office: Examine and talk with patient. Answer patient/family questions. Removal of splint/dressings. Assessment of surgical wound. Remove sutures. Assess of circulation, sensation and motor function of the operated extremity. Redress wound. Order physical therapy. Supervise rehabilitation. Monitor physical therapy. Discuss progress with PCP (verbal and written). Write medication prescriptions. Enter progress notes into medical record. During the first six weeks, special attention is given to retaping the forefoot to help control the correction in order to avoid recurrent deformity, or overcorrection.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Peter Mangone MD; Timothy Tillo DPM; William Creevy MD; John Heiner MD		
Specialty(s):	AOFAS, APMA, AAOS		
CPT Code:	28298		
Sample Size:	1104	**Resp N:** 73	**Response:** 6.6 %
Description of Sample:	Random selection from each society's entire membership roster.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	15.00	50.00
Survey RVW:	5.75	7.75	**8.40**	9.00	15.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	30.00	40.00	**60.00**	65.00	120.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**78.00**	99211x **0.00** 12x **2.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code: 28298	**Recommended Physician Work RVU: 7.75**		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:	**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:	**10.00**	**15.00**	**-5.00**
Intra-Service Time:	**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**33.00**	**-18.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**78.00**	99211x **0.00** 12x **2.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
28750	090	8.57	**RUC Time**

CPT Descriptor Arthrodesis, great toe; metatarsophalangeal joint

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
28645	090	7.44	**RUC Time**

CPT Descriptor Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
49505	090	7.96	**RUC Time**	71,188

CPT Descriptor 1 Repair initial inguinal hernia, age 5 years or older; reducible

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54530	090	8.46	**RUC Time**	1,234

CPT Descriptor 2 Orchiectomy, radical, for tumor; inguinal approach

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 31 **% of respondents:** 42.4 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 21.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 28298	Top Key Reference CPT Code: 28750	2nd Key Reference CPT Code: **28645**
Median Pre-Service Time	53.00	40.00	60.00
Median Intra-Service Time	60.00	75.00	45.00
Median Immediate Post-service Time	15.00	30.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	0.00	19.00
Median Office Visit Time	78.0	92.00	78.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**225.00**	**237.00**	**217.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.29	0.31
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.10	0.19
Urgency of medical decision making	0.13	-0.06
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.13	0.25
Physical effort required	0.06	0.13
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	-0.06	0.06

Outcome depends on the skill and judgment of physician	0.35	0.25
Estimated risk of malpractice suit with poor outcome	0.29	0.38

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.10	0.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In January 2014, code 28293 was identified by the RUC as a 090-day global service that included more than six office visits. The RUC requested review of physician work and practice expense for this code. After reviewing the vignettes and the code descriptors for 28293 and family codes, the specialty societies determined that CPT coding changes were required to reflect current practice. The RUC referred the codes to the CPT Editorial Panel for revision. The CPT Editorial Panel deleted three codes, added two codes and revised six codes related to bunion surgery. In addition, the new and revised codes will not retain legacy named procedures (eg, Keller, McBride, or Mayo type procedure). Over time, modifications to and variations of the legacy named procedures have evolved such that including the legacy names in the code descriptors is no longer appropriate.

Survey Process

A RUC survey that included all eight codes was sent to a random selection of surgeons from the membership database of the AOFAS, AAOS, and APMA.

Pre-Time Package 3 (Straightforward Patient/Difficult Procedure)

Evaluation: No change to standard package time of 33 minutes.

Positioning: Add 7 minutes to package time of 3 minutes (total = 10 minutes) for application of a tourniquet, bolstering the leg and foot to aid surgical exposure, setting up fluoroscopy for guidance during procedure, and assessing position of head and other extremities. This is the same or less than additional positioning time that has been approved for many similar ankle and lower leg procedures after implementation of pre-time packages (eg, 28120, 28122, 28725, 28730, 28820, 28825).

Scrub, dress, wait: Subtract 5 minutes from package time of 15 minutes (total = 10 minutes) to correspond to survey median.

Post-Time Package 9B (General Anesthesia or Complex Regional Block/Complex Procedure)

Subtract 18 minutes from package time of 33 minutes (total = 15 minutes) to correspond to survey median.

Post-operative Office Visits

The healing process after hallux deformity correction is dependent on the severity of the deformity and the age and health of the patient.

Visit 1. An interval history is verbally obtained and documented in the medical record. Patient and family's questions about surgical procedure and intra-operative finding is reviewed. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection. Circulation, sensation, and motor function is assessed. The wounds are redressed. The hallux is taped into a neutral position. Immobilization is reapplied. A PT prescription is generated and discussed with the patient and therapist (by phone if therapist is off site). Patient questions about home activities are addressed. Pain is assessed and medication is ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 2. An interval history is verbally obtained and documented in the medical record. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. The sutures are removed assuming the second visit is two weeks after surgery, although sutures on the bottom of the foot may be left in longer. The wounds are re-dressed, as appropriate. Splint or immobilization is applied, as appropriate. Therapy orders are modified to include scar and edema control techniques. The PT prescription is generated and discussed with the patient and therapist (by phone if the therapist is off site). The PT report is reviewed and signed. Pain is assessed and medication ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

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Recommendation

As presented above, three codes were deleted, two codes were added and six codes were revised. In addition, the new and revised codes have not retained legacy named procedures because over time, modifications to and variations of the legacy named procedures have evolved such that including the legacy names in the code descriptors is no longer appropriate.

The time, visit and work RVU recommendations for this family of codes is shown below. We believe that the MPC codes and reference codes support these recommendations. We also believe that the relative rank order is reasonably correct. These recommendations will result in a decrease in work RVUs.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
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   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 28298

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilzation not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See Excel utilization table below

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 28298

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

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28297	1,736	1,118	64.4%	615	35.4%	0.2%
28298	2,593	1,890	72.9%	692	26.7%	0.4%
28299	4,581	3,616	78.9%	951	20.8%	0.3%

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:28299 Tracking Number M8 Original Specialty Recommended RVU: **10.50**
Presented Recommended RVU: **9.29**
Global Period: 090 RUC Recommended RVU: **9.29**

CPT Descriptor: Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female presents with a painful bunion deformity that is non-responsive to conservative treatment. X-rays reveal a moderate-severe bunion deformity with a markedly increased intermetatarsal angle. A bunionectomy with double osteotomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 41% , In the ASC 59%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 96% , Overnight stay-less than 24 hours 4% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Write preadmission orders for preoperative medications. Review pre-procedural imaging, pathology, and laboratory studies; with special attention to imaging and exam of ipsi- and contralateral lower extremities. Perform and document admission history and physical in facility medical record. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. The patient's leg is placed on the table and positioned with proper bolstering to aid surgical exposure. Supervise positioning of fluoroscopic equipment. Indicate areas of skin to be prepped and mark surgical incisions. An ankle tourniquet is placed. The leg is prepped and draped. Scrub and gown. Perform surgical "time out" with operating team. The leg is elevated and exsanguinated. The pneumatic tourniquet is inflated.

Description of Intra-Service Work: Under anesthesia, a skin incision is made from the medial cuneiform to the interphalangeal joint of the hallux. The neurovascular structures are identified and protected. The adductor hallucis tendon is freed and released. The incision is carried down to the metatarsophalangeal joint capsule and the capsule is elevated off of the metatarsal head and base of the proximal phalanx. The medial eminence is excised. The remaining bone is rasped smooth. Dissection is then directed to the base of the first metatarsal. The long extensor tendon is retracted and the base of the first metatarsal is exposed by sub-periosteal dissection. An osteotomy is made at the base of the first metatarsal and the metatarsal is realigned. The osteotomy is fixated using screws. The dissection is then directed to the base of the proximal phalanx. After retracting the long extensor tendon, the base of the proximal phalanx is exposed by sub-periosteal dissection. An osteotomy is performed on the phalangeal base and the bone is realigned. Fixation of the osteotomy is

accomplished. The tourniquet is deflated and hemostasis is obtained. The wound is inspected and irrigated. Redundant metatarsophalangeal joint capsule is removed and the capsule is repaired to assist in alignment of the hallux. Local anesthetic medication is injected for post-operative pain control. The wound is closed in layers.

Description of Post-Service Work:
Facility: Apply bulky dressing and short leg splint. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from OR to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Write brief operative note. Write postoperative note in the recovery room. Monitor patient stabilization in the recovery room, including neurovascular status. Dictate operative report and copy referring physician(s). Discuss procedure and outcome with family in waiting area. Physical therapy for the uses of crutches or walker is ordered. Answer patient and/or family questions. Write orders for follow-up and post-discharge laboratory tests and X rays. Write prescriptions for medications needed post-discharge. Discuss home restrictions (ie, diet, activity, bathing) with the patient, family members, and discharge nurse. Provide completed forms for handicap parking. Discharge patient when he has recovered from anesthesia. Complete all appropriate medical records, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

Office: Examine and talk with patient. Answer patient/family questions. Removal of splint/dressings. Assessment of surgical wound. Remove sutures. Assess of circulation, sensation and motor function of the operated extremity. Redress wound. Order physical therapy. Supervise rehabilitation. Monitor physical therapy. Discuss progress with PCP (verbal and written). Write medication prescriptions. Enter progress notes into medical record. During the first six weeks, special attention is given to retaping the forefoot to help control the correction in order to avoid recurrent deformity, or overcorrection.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016					
Presenter(s):	Peter Mangone MD; Timothy Tillo DPM; William Creevy MD; John Heiner MD					
Specialty(s):	AOFAS, APMA, AAOS					
CPT Code:	28299					
Sample Size:	1104	**Resp N:**	65	**Response:** 5.8 %		
Description of Sample:	Random selection from each society's entire membership roster.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**8.00**	20.00	50.00
Survey RVW:	6.96	9.29	**10.50**	12.00	29.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	35.00	60.00	**75.00**	90.00	150.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**94.00**	99211x **0.00** 12x **3.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	28299	**Recommended Physician Work RVU: 9.29**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**75.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**33.00**	**-18.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**94.00**	99211x **0.00** 12x **3.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
28750	090	8.57	**RUC Time**

CPT Descriptor Arthrodesis, great toe; metatarsophalangeal joint

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
27814	090	10.62	**RUC Time**

CPT Descriptor Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
47562	090	10.47	**RUC Time**	109,200

CPT Descriptor 1 Laparoscopy, surgical; cholecystectomy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57288	090	12.13	**RUC Time**	26,683

CPT Descriptor 2 Sling operation for stress incontinence (eg, fascia or synthetic)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 23.0 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 28299	Top Key Reference CPT Code: 28750	2nd Key Reference CPT Code: **27814**
Median Pre-Service Time	53.00	40.00	58.00
Median Intra-Service Time	75.00	75.00	90.00
Median Immediate Post-service Time	15.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	40.00
Median Discharge Day Management Time	19.0	0.00	38.00
Median Office Visit Time	94.0	92.00	78.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**256.00**	**237.00**	**334.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.47	0.31
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.20	0.00
Urgency of medical decision making	0.07	-0.92
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.40	0.38
Physical effort required	0.27	0.08

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.13	-0.23
Outcome depends on the skill and judgment of physician	0.27	0.69
Estimated risk of malpractice suit with poor outcome	0.27	0.23

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.53	0.54

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In January 2014, code 28293 was identified by the RUC as a 090-day global service that included more than six office visits. The RUC requested review of physician work and practice expense for this code. After reviewing the vignettes and the code descriptors for 28293 and family codes, the specialty societies determined that CPT coding changes were required to reflect current practice. The RUC referred the codes to the CPT Editorial Panel for revision. The CPT Editorial Panel deleted three codes, added two codes and revised six codes related to bunion surgery. In addition, the new and revised codes will not retain legacy named procedures (eg, Keller, McBride, or Mayo type procedure). Over time, modifications to and variations of the legacy named procedures have evolved such that including the legacy names in the code descriptors is no longer appropriate.

Survey Process

A RUC survey that included all eight codes was sent to a random selection of surgeons from the membership database of the AOFAS, AAOS, and APMA.

Pre-Time Package 3 (Straightforward Patient/Difficult Procedure)

Evaluation: No change to standard package time of 33 minutes.

Positioning: Add 7 minutes to package time of 3 minutes (total = 10 minutes) for application of a tourniquet, bolstering the leg and foot to aid surgical exposure, setting up fluoroscopy for guidance during procedure, and assessing position of head and other extremities. This is the same or less than additional positioning time that has been approved for many similar ankle and lower leg procedures after implementation of pre-time packages (eg, 28120, 28122, 28725, 28730, 28820, 28825).

Scrub, dress, wait: Subtract 5 minutes from package time of 15 minutes (total = 10 minutes) to correspond to survey median.

Post-Time Package 9B (General Anesthesia or Complex Regional Block/Complex Procedure)

Subtract 18 minutes from package time of 33 minutes (total = 15 minutes) to correspond to survey median.

Post-operative Office Visits

The healing process after hallux deformity correction is dependent on the severity of the deformity and the age and health of the patient.

Visit 1. An interval history is verbally obtained and documented in the medical record. Patient and family's questions about surgical procedure and intra-operative finding is reviewed. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection. Circulation, sensation, and motor function is assessed. The wounds are redressed. Immobilization is reapplied. A PT prescription is generated and discussed with the patient and therapist (by phone if therapist is off site). Patient questions about home activities are addressed. Pain is assessed and medication is ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 2. An interval history is verbally obtained and documented in the medical record. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. The sutures are removed assuming the second visit is two weeks after surgery, although sutures on the bottom of the foot may be left in longer. The wounds are re-dressed, as appropriate. Splint or immobilization is applied, as appropriate. Therapy orders are modified to include scar and edema control techniques. The PT prescription is generated and discussed with the patient and therapist (by phone if the therapist is off site). The PT report is reviewed and signed. Pain is assessed and medication ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 3. An interval history is verbally obtained and documented in the medical record. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. The wounds are re-dressed, as appropriate. Splint or immobilization is applied, as appropriate. Appropriate changes are made in the physical therapy protocol depending upon the patient's progress with healing. Edema control is continued, as is scar control. The PT prescription is generated and discussed with the patient and therapist (by phone if the therapist is off site). The PT report is reviewed and signed. Patient questions about home activities are addressed. Pain is assessed and medication ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 4. An interval history is verbally obtained and documented in the medical record. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. The wounds are re-dressed, as appropriate. Splint or immobilization is applied, as appropriate. Appropriate changes are made in the physical therapy protocol depending upon the patient's progress with healing. Edema control is continued, as is scar control. The PT prescription is generated and discussed with the patient and therapist (by phone if the therapist is off site). The PT report is reviewed and signed. Patient questions about home activities are addressed. Pain is assessed and medication ordered as necessary. Progress notes are documented in the medical record and copied to the referring physician and/or PCP. Disability documentation is competed if needed.

Visit 5. An interval history is verbally obtained and documented in the medical record. The patient's splint is removed and dressings are taken down. The wound is assessed. Evaluation is made for any evidence of infection or wound dehiscence. Circulation, sensation, and motor function is assessed. Range of motion of the hallux MTP joint is measured and documented. Typically at this point the patient will require continued therapy including a home exercise program. Strengthening exercises are advanced. Discussion is undertaken with patient regarding appropriate shoe wear and activity restrictions to prevent recurrent deformity. If appropriate, discussion is had with the patient regarding return to work and resumption of exercise. The PT report is reviewed and signed. Progress notes are documented in the medical record and copied to the referring physician and/or PCP.

Recommendation

As presented above, three codes were deleted, two codes were added and six codes were revised. In addition, the new and revised codes have not retained legacy named procedures because over time, modifications to and variations of the legacy named procedures have evolved such that including the legacy names in the code descriptors is no longer appropriate.

The time, visit and work RVU recommendations for this family of codes is shown below. We believe that the MPC codes and reference codes support these recommendations. We also believe that the relative rank order is reasonably correct. These recommendations will result in a decrease in work RVUs.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 28299

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilzation not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See Excel utilization table below

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 28299

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

2017 CPT	Estimated Utilization	podiatry	orthopaedic surgery	% Others

28289	4,314	2,896	67.1%	1,406	32.6%	0.3%
282X1	3,335	3,157	94.7%	172	5.2%	0.2%
28292	7,807	6,519	83.5%	1,275	16.3%	0.2%
28296	14,301	12,299	86.0%	1,974	13.8%	0.2%
282X2	2,497	2,085	83.5%	408	16.3%	0.2%
28297	1,736	1,118	64.4%	615	35.4%	0.2%
28298	2,593	1,890	72.9%	692	26.7%	0.4%
28299	4,581	3,616	78.9%	951	20.8%	0.3%

ISSUE: Bunionectomy

TAB: 8

					RVW					Total	pre	PRE			INTRA					POST-FACILITY					POST-OFFICE					
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	HV	32	31	38	OV	15	14	13	12	11
REF1	28122	Partial excision (craterization, sauceri	26	0.033			6.76			230	3	33	10	15			45			30		0.5			0.5	4			2	2	
REF2	28120	Partial excision (craterization, sauceri	16	0.031			7.31			251	3	33	10	15			50			30		0.5			0.5	2			2	3	
RUC	28289	Hallux rigidus correction with cheilecto		0.069			8.31			197		30					45			30		0.0			0.0	4			4		
SVY	28289	Hallux rigidus correction with cheilecto	76	0.055	5.60	6.90	7.44	8.30	13.00	212		35	10	10	20	30	45	48	150	15		0.5			0.5	4			2	2	
REC	28289			0.044			6.90			210	3	33	10	10			45			15	9b	0.5			0.5	4			2	2	
REF1	28750	Arthrodesis, great toe; metatarsophal	17	0.042			8.57			237		40					75			30		0.0				4			4		
REF2	28645	Open treatment of metatarsophalange	8	0.054			7.44			217		35	10	15			45			15		0.5			0.5	4			2	2	
DNU*	28293	Correction, hallux valgus (bunion), wit		0.035			11.48			318		30					80			30						7		1	6		
SVY	282X1	Hallux rigidus correction with cheilecto	37	0.070	6.75	8.01	8.57	9.29	12.00	222		40	10	10	20	45	50	70	90	15		0.5			0.5	4			2	2	
REC	282X1			0.062			8.01			215	3	33	10	10			50			15	9b	0.5			0.5	4			2	2	
REF1	28750	Arthrodesis, great toe; metatarsophal	18	0.042			8.57			237		40					75			30		0.0				4			4		
REF2	28645	Open treatment of metatarsophalange	18	0.054			7.44			217		35	10	15			45			15		0.5			0.5	4			2	2	
DNU*	28292	Correction, hallux valgus (bunion), wit		0.024			9.05			270		30					60			25		0.0			0.0	6		1	5		
HVD	28290	Correction, hallux valgus (bunion), wit		0.056			5.83			175		21		15			44			20		0.5			0.5	3.5				3.5	
SVY	28292	Correction, hallux valgus (bunionecto	57	0.059	6.80	7.44	8.20	9.00	11.00	233		40	10	10	20	40	45	60	120	15		1.0			0.5	5			2	3	
REC	28292			0.045			7.44			226	3	33	10	10			45			15	9b	0.5			0.5	5			2	3	
REF1	28750	Arthrodesis, great toe; metatarsophal	39	0.042			8.57			237		40					75			30		0.0				4			4		
REF2	28645	Open treatment of metatarsophalange	14	0.054			7.44			217		35	10	15			45			15		0.5			0.5	4			2	2	
RUC	28296	Correction, hallux valgus (bunion), wit		0.052			8.35			233		30	5	10			60			15		0.5			0.5	5			2	3	
SVY	28296	Correction, hallux valgus (bunionecto	73	0.053	6.85	8.25	8.75	9.40	14.00	248		40	10	10	30	45	60	60	120	15		0.5			0.5	5			2	3	
REC	28296			0.047			8.25			241	3	33	10	10			60			15	9b	0.5			0.5	5			2	3	
REF1	28750	Arthrodesis, great toe; metatarsophal	24	0.042			8.57			237		40					75			30		0.0				4			4		
REF2	28740	Arthrodesis, midtarsal or tarsometata	18	0.039			9.29			266		45					80			30		0.5			0.5	4			4		
DNU*	28292	Correction, hallux valgus (bunion), wit		0.024			9.05			270		30					60			25		0.0			0.0	6		1	5		
Hvd	28306	Osteotomy, with or without lengthenin		0.068			6.00			163		20		25			51			19		0.0			0.0	3				3	
SVY	282X2	Correction, hallux valgus (bunionecto	67	0.062	6.85	8.57	9.29	10.00	14.02	248		40	10	10	30	50	60	75	120	15		0.5			0.5	5			2	3	
REC	282X2			0.053			8.57			241	3	33	10	10			60			15	9b	0.5			0.5	5			2	3	
REF2	28740	Arthrodesis, midtarsal or tarsometata	39	0.039			9.29			266		45					80			30		0.5			0.5	4			4		
REF2	27814	Open treatment of bimalleolar ankle fr	8	0.037			10.62			334		33	10	15			90			30		2.0	1		1.0	4			2	2	
Hvd	28297	Correction, hallux valgus (bunion), wit		0.057			9.43			265		25		25			80			23		2.0		1	1.0	4				4	
SVY	28297	Correction, hallux valgus (bunionecto	65	0.059	7.00	9.29	10.00	11.00	19.00	263		40	10	10	40	60	75	90	160	15		0.5			0.5	5			2	3	

ISSUE: Bunionectomy

TAB: 8

						RVW					Total	pre	PRE			INTRA					POST-FACILITY					POST-OFFICE					
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	HV	32	31	38	OV	15	14	13	12	11
REC	28297			0.052			9.29			256	3	33	10	10			75			15	9b	0.5			0.5	5			2	3	
REF1	28750	Arthrodesis, great toe; metatarsophal	31	0.042			8.57			237		40					75			30		0.0				4			4		
REF2	28645	Open treatment of metatarsophalange	16	0.054			7.44			217		35	10	15			45			15		0.5			0.5	4			2	2	
Hvd	28298	Correction, hallux valgus (bunion), wit		0.056			8.13			231		24		25			77			22		0.5			0.5	4				4	
SVY	28298	Correction, hallux valgus (bunionector	73	0.066	5.75	7.75	8.40	9.00	15.00	213		40	10	10	30	40	60	65	120	15		0.5				4			2	2	
REC	28298			0.047			7.75			225	3	33	10	10			60			15	9b	0.5			0.5	4			2	2	
REF1	28750	Arthrodesis, great toe; metatarsophal	15	0.042			8.57			237		40					75			30		0.0				4			4		
REF2	27814	Open treatment of bimalleolar ankle fr	13	0.037			10.62			334		33	10	15			90			30		2.0	1		1.0	4			2	2	
RUC	28299	Correction, hallux valgus (bunion), wit		0.058			11.57			299		75					90			30		0.5			0.5	4			3	1	
SVY	28299	Correction, hallux valgus (bunionector	65	0.066	6.96	9.29	10.50	12.00	29.00	263		40	10	10	35	60	75	90	150	15		0.5			0.5	5			2	3	
REC	28299	MEDIAN		0.052			9.29			256	3	33	10	10			75			15	9b	0.5			0.5	5			2	3	

Tab Number: 8

Issue: Bunionectomy

Code(s): 28289, 28292, 28296-28299, 282X1 & 282X2

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	William Creevy, MD
Specialty Society:	American Academy of Orthopaedic Surgery
Date:	December 13, 2015

Tab Number: 8

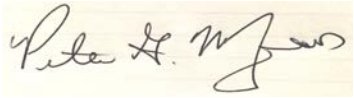
Issue: Bunionectomy

Code(s): 28289, 28292, 28296-28299, 282X1 & 282X2

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Signature:	
Print Name:	Peter Mangone, MD
Specialty Society:	American Orthopaedic Foot and Ankle Society
Date:	December 13, 2015

Tab Number: 8

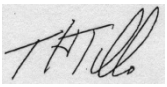
Issue: Bunionectomy

Code(s): 28289, 28292, 28296-28299, 282X1 & 282X2

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	Timothy Tillo, DPM
Specialty Society:	American Podiatric Medical Association
Date:	December 13, 2015

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	090
282X1	with implant	090
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	090
28296	with distal metatarsal osteotomy, any method	090
282X2	with proximal metatarsal osteotomy, any method	090
28297	with first metatarsal and medial cuneiform joint arthrodesis, any method	090
28298	with proximal phalanx osteotomy, any method	090
28299	with double osteotomy, any method	090

Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Advisors from the participating specialties reviewed the current PE details for the bunionectomy procedures and made adjustments as appropriate.

2. You must provide reference code(s) for comparison on your spreadsheet. Current codes have been used for 28289, 28292, 28296, 28297, 28298, 28299 and code 28289 was used as a reference for the two new codes 282X1 and 282X2.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

PRE-SERVICE PERIOD
Clinical staff will complete pre-service diagnostic and referral forms, obtain insurance authorization, schedule space and equipment in facility, provide patient education about the procedure and necessary postoperative therapy and witness consent with surgeon, and contact the patient prior to the day of the procedure to confirm any necessary medication adjustments, appropriate clothes and shoes for the day of the procedure, and send necessary perioperative prescriptions to the pharmacy.

SERVICE PERIOD
Clinical staff will assist the surgeon with discharge management, including arrangements for post-discharge imaging, home care, and responding to patient and family questions.

POST-SERVICE PERIOD
Clinical staff will assist the surgeon at postoperative office visits and respond to phone calls from the patient, family, insurers, therapists, and imaging facilities.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	090
282X1	with implant	090
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	090
28296	with distal metatarsal osteotomy, any method	090
282X2	with proximal metatarsal osteotomy, any method	090
28297	with first metatarsal and medial cuneiform joint arthrodesis, any method	090
28298	with proximal phalanx osteotomy, any method	090
28299	with double osteotomy, any method	090

Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Advisors from the participating specialties reviewed the current PE details for the bunionectomy procedures and made adjustments as appropriate.

2. You must provide reference code(s) for comparison on your spreadsheet. Current codes have been used for 28289, 28292, 28296, 28297, 28298, 28299 and code 28289 was used as a reference for the two new codes 282X1 and 282X2.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Row	Activity	Evidence / Rationale
24	Prepare room, equipment, supplies	Additional 3 minutes recommended over the standard 2 minutes (total= 5 minutes). **Rationale:** The 2 minutes standard is reflective of preparing room, equipment, supplies for an E/M services. These procedures include a significant number of additional supplies, instruments, and equipment above what is required for an E/M service.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Row	Activity	08/2003	01/2016	Compelling Evidence / Rationale
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	**2**	**7**	These codes were reviewed prior to the establishment of standard monitoring time. The current standard is 15 minutes per one hour of monitoring. These patients will have undergone a block prior to the procedure and will need to be monitored for at least 30 minutes. Seven minutes is recommended to reflect current standards.
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**3**	**6**	When these codes were reviewed, there was no consideration given to the time to assure appropriate gait training prior to discharge from the office to be certain the patient can safely and correctly ambulate with crutches.

Supply items have been deleted and added to reflect supplies required for current practice: Marcaine has been added to provide the block. Alcohol pads are required to clean the tops of the vials prior to withdrawing the anesthetics. A power saw blade is required for bone work. An ankle tourniquet is required. Kerlix has been changed to Kling and Ace wraps as more typical for these procedures.

Supply items have also been added to correct errors from previous submission. For example, although a suction machine is correctly included as equipment, the related supplies (suction canister, suction tubing) were not included.

5. Please describe in detail the clinical activities of your staff:

PRE-SERVICE PERIOD
Clinical staff will complete pre-service diagnostic and referral forms, obtain insurance authorization, provide patient education about the procedure and necessary postoperative therapy and witness consent with surgeon, and contact the patient prior to the day of the procedure to confirm any necessary medication adjustments, appropriate clothes and shoes for the day of the procedure, and send necessary perioperative prescriptions to the pharmacy.

SERVICE PERIOD
Clinical staff will:
- Ensure appropriate medical records are available, including prior imaging;
- Prepare the room, supplies, and equipment, including the surgical instrument pack, cautery supplies and equipment, suction supplies and equipment, power tool supplies and equipment;
- Greet the patient, provide gowning, and obtain vital signs;
- Assist the surgeon with positioning the patient and applying local anesthetic and regional block;
- Assist physician in performing procedure (100%);
- Monitor the patient following the procedure;
- Clean the procedure room, equipment and surgical instruments; and
- Provide gait training, check dressings, provide home care instructions and prescriptions prior to discharge from office.

POST-SERVICE PERIOD
Clinical staff will assist the surgeon at postoperative office visits and respond to phone calls from the patient, family, insurers, therapists, and imaging facilities.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1				REF CODE		RECOMMEND		REF CODE		RECOMMEND		REF CODE		RECOMMEND		REF CODE	
2	**REVISED 1/13/2016**			28289		28289		28289		282X1		28292		28292		28296	
3	**Meeting Date: January 2016 Tab: 8 Specialty: AOFAS, APMA, AAOS**	**CMS Code**	**Staff Type**	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first		Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint;		Hallux rigidus correction with cheilectomy, debridement and capsular release of the first		Hallux rigidus correction with cheilectomy, debridement and capsular release of the first		Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or		Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal		Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy	
4	**LOCATION**			**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**269**	**210**	**254**	**192**	**269**	**210**	**259**	**192**	**373**	**299**	**281**	**219**	**293**	**219**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**35**	**60**	**35**	**60**	**35**	**60**	**35**	**60**	**35**	**60**	**35**	**60**	**35**	**60**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**90**	**6**	**93**	**6**	**90**	**6**	**98**	**6**	**105**	**6**	**93**	**6**	**105**	**6**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**144**	**144**	**126**	**126**	**144**	**144**	**126**	**126**	**233**	**233**	**153**	**153**	**153**	**153**
10	**PRE-SERVICE**																
11	**Start: Following visit when decision for surgery or procedure made**																
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**10**	**20**	**10**	**20**	**10**	**20**	**10**	**20**	**10**	**20**	**10**	**20**	**10**	**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA	**0**	**8**	**0**	**8**	**0**	**8**	**0**	**8**	**0**	**8**	**0**	**8**	**0**	**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**10**	**20**	**10**	**20**	**10**	**20**	**10**	**20**	**10**	**20**	**10**	**20**	**10**	**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**10**	**7**	**10**	**7**	**10**	**7**	**10**	**7**	**10**	**7**	**10**	**7**	**10**	**7**
18	**End: When patient enters office/facility for surgery/procedure**																
19	**SERVICE PERIOD**																
20	**Start: When patient enters office/facility for surgery/procedure:**																
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**5**		**3**		**5**		**3**		**5**		**3**		**5**	
22	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**		**5**		**5**		**5**		**5**		**5**	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**		**5**		**5**		**5**		**5**		**5**		**5**	
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
27	Sedate/apply anesthesia	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
28	Other Clinical Activity - specify:																
29	**Intra-service**																
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	**45**		**45**		**45**		**50**		**60**		**45**		**60**	
32	**Post-Service**																
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	**2**		**7**		**2**		**7**		**2**		**7**		**2**	
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
37	Clean Surgical Instrument Package	L037D	RN/LPN/MTA	**15**		**15**		**15**		**15**		**15**		**15**		**15**	
38	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	**3**				**3**				**3**				**3**	
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**6**		**3**		**6**		**3**		**6**		**3**	
41	Other Clinical Activity - *specify:*																
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**
45	**End: Patient leaves office**																
46	**POST-SERVICE Period**																
47	**Start: Patient leaves office/facility**																
48	Conduct phone calls/call in prescriptions																
49	***Office visits: List Number and Level of Office Visits***			**# vis**	**# vis**	**# vis**	**# vis**	**# vis**	**# vis**	**# vis**	**# vis**	**# vis**	**# vis**	**# vis**	**# vis**	**# vis**	**# vis**
50	99211 16 minutes		16														
51	99212 27 minutes		27			**2**	**2**			**2**	**2**			**3**	**3**	**3**	**3**
52	99213 36 minutes		36	**4**	**4**	**2**	**2**	**4**	**4**	**2**	**2**	**5**	**5**	**2**	**2**	**2**	**2**
53	99214 53 minutes		53									**1**	**1**				
54	99215 63 minutes		63														

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1				REF CODE		RECOMMEND		REF CODE		RECOMMEND		REF CODE		RECOMMEND		REF CODE	
2	**REVISED 1/13/2016**			28289		28289		28289		282X1		28292		28292		28296	
3	**Meeting Date: January 2016** **Tab: 8** **Specialty: AOFAS, APMA, AAOS**	**CMS Code**	**Staff Type**	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first		Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint;		Hallux rigidus correction with cheilectomy, debridement and capsular release of the first		Hallux rigidus correction with cheilectomy, debridement and capsular release of the first		Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or		Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal		Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy	
4	**LOCATION**			**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
55	**Total Office Visit Time**	L037D	RN/LPN/MTA	**144**	**144**	**126**	**126**	**144**	**144**	**126**	**126**	**233**	**233**	**153**	**153**	**153**	**153**
56	Other Clinical Activity - *specify:*																
57	**End: with last office visit before end of global period**																
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**														
59	***PATIENT***																
60	pack, minimum multi-specialty visit	SA048	pack	**5**	**4**	**5**	**4**	**5**	**4**	**5**	**4**	**7**	**6**	**6**	**5**	**6**	**5**
61	pack, post-op incision care (suture)	SA054	pack	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
62	basin, emesis	SJ010	item	**1**				**1**				**1**				**1**	
63	***SURGEON AND STAFF***																
64	pack, protective, ortho, large	SA083	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
65	***MARK***																
66	skin marking pen, sterile (Skin Skribe)	SK075	item			**1**				**1**				**1**			
67	***PREP***																
68	tray, surgical skin prep, sterile	SA088	tray	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
69	***DRAPE***																
70	pack, drapes, ortho, large	SA080	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
71	drape-cover, sterile, OR light handle	SB016	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
72	***ANESTHETIC***																
73	needle, 18-27g	SC029	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
74	syringe 10-12ml	SC051	item	**1**		**2**		**1**		**2**		**1**		**2**		**1**	
75	swab-pad, alcohol	SJ053	item			**4**				**4**				**4**			
76	bupivacaine 0.25% inj (Marcaine)	SH021	ml			**10**				**10**				**10**			
77	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**10**		**10**		**10**		**10**		**10**		**10**		**10**	
78	***TOURNIQUET***																
79	tourniquet, ankle, sterile	SD123	item			**1**				**1**				**1**			
80	***DISPOSABLE INSTRUMENTS***																
81	blade, surgical, sterile, power saw	SF011	item			**1**				**1**				**1**			
82	bur, surgical, sterile (drill)	SD142	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
83	scalpel with blade, surgical (#10-20)	SF033	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
84	screw, surgical, standard, 2.7mm x 12mm	SD202	item														
85	***IRRIGATION / SUCTION***																
86	basin, irrigation	SJ009	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
87	bulb syringe (Asepto)	SJ011	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
88	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
89	canister, suction	SD009	item			**1**				**1**				**1**			
90	tubing, suction, non-latex (6ft uou)	SD132	item			**1**				**1**				**1**			
91	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item			**1**				**1**				**1**			
92	***CAUTERY***																
93	cautery, monopolar, pencil-handpiece	SF020	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
94	cautery, patient ground pad w-cord	SF021	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
95	***SUTURE / DRESSINGS***																
96	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
97	suture, nylon, 3-0 to 6-0, c	SF036	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1				REF CODE		RECOMMEND		REF CODE		RECOMMEND		REF CODE		RECOMMEND		REF CODE	
2	**REVISED 1/13/2016**			28289		28289		28289		282X1		28292		28292		28296	
3	**Meeting Date: January 2016 Tab: 8 Specialty: AOFAS, APMA, AAOS**	**CMS Code**	**Staff Type**	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first		Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint;		Hallux rigidus correction with cheilectomy, debridement and capsular release of the first		Hallux rigidus correction with cheilectomy, debridement and capsular release of the first		Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or		Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal		Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy	
4	**LOCATION**			**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
98	suture, vicryl, 3-0 to 6-0, p, ps	SF040	item	1		1		1		1		1		1		1	
99	dressing, 5in x 9in (Xeroform)	SG041	item	1		1		1		1		1		1		1	
100	bandage, Kerlix, sterile 4.5in	SG016	item	1				1				1				1	
101	bandage, Kling, sterile 4in	SG020	item			2				2				2			
102	bandage, elastic wrap 4in (Ace)	SG012	item			1				1				1			
103	tape, surgical paper 1in (Micropore)	SG079	inch	6		6		6		6		6		6		6	
104	***Misc***																
105	pack, cleaning, surgical instruments	SA043	pack	1		1		1		1		1		1		1	
106	**EQUIPMENT**	**CODE**															
107	light, surgical	EF014		234	144	225	126	234	144	230	126	338	233	252	153	258	153
108	table, power	EF031		234	144	225	126	234	144	230	126	338	233	252	153	258	153
109	mayo stand	EF015		90		99		90		104		105		99		105	
110	tourniquet system (Zimmer1200)	EQ240		90		99		90		104		105		99		105	
111	instrument pack, medium ($1500 and up)	EQ138		90		77		90		82		105		77		105	
112	electrocautery-hyfrecator, up to 45 watts	EQ110		90		99		90		104		105		99		105	
113	suction machine (Gomco)	EQ235		90		99		90		104		105		99		105	
114	drill system, surgical, large (Stryker)	EQ106														105	
115	drill system, surgical, small-micro (Stryker)	EQ107		90		99		90		104		105		99		105	

	A	B	C	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE
1				RECOMMEND		REF CODE		RECOMMEND		REF CODE		RECOMMEND		REF CODE		RECOMMEND	
2	**REVISED 1/13/2016**			**28296**		**28296**		**282X2**		**28297**		**28297**		**28298**		**28298**	
3	**Meeting Date: January 2016 Tab: 8 Specialty: AOFAS, APMA, AAOS**	**CMS Code**	**Staff Type**	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal		Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy		Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal		Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure		Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and		Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy		Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx	
4	**LOCATION**			**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**296**	**219**	**293**	**219**	**296**	**255**	**275**	**174**	**311**	**219**	**265**	**174**	**269**	**192**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**35**	**60**	**35**	**60**	**35**	**60**	**35**	**60**	**35**	**60**	**35**	**60**	**35**	**60**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**108**	**6**	**105**	**6**	**108**	**6**	**132**	**6**	**123**	**6**	**122**	**6**	**108**	**6**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**153**	**153**	**153**	**153**	**153**	**189**	**108**	**108**	**153**	**153**	**108**	**108**	**126**	**126**
10	**PRE-SERVICE**																
11	**Start: Following visit when decision for surgery or procedure made**																
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**10**	**20**	**10**	**20**	**10**	**20**	**10**	**20**	**10**	**20**	**10**	**20**	**10**	**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA	**0**	**8**	**0**	**8**	**0**	**8**	**0**	**8**	**0**	**8**	**0**	**8**	**0**	**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**10**	**20**	**10**	**20**	**10**	**20**	**10**	**20**	**10**	**20**	**10**	**20**	**10**	**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**10**	**7**	**10**	**7**	**10**	**7**	**10**	**7**	**10**	**7**	**10**	**7**	**10**	**7**
18	**End: When patient enters office/facility for surgery/procedure**																
19	**SERVICE PERIOD**																
20	**Start: When patient enters office/facility for surgery/procedure:**																
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**5**		**3**		**5**		**3**		**5**		**3**	
22	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**		**5**		**5**		**5**		**5**		**5**	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**5**		**5**		**5**		**5**		**5**		**5**		**5**	
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
27	Sedate/apply anesthesia	L037D	RN/LPN/MTA	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
28	Other Clinical Activity - specify:																
29	**Intra-service**																
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	**60**		**60**		**60**		**87**		**75**		**77**		**60**	
32	**Post-Service**																
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	**7**		**2**		**7**		**2**		**7**		**2**		**7**	
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**		**3**		**3**		**3**		**3**		**3**	
37	Clean Surgical Instrument Package	L037D	RN/LPN/MTA	**15**		**15**		**15**		**15**		**15**		**15**		**15**	
38	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA			**3**				**3**				**3**			
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**6**		**3**		**6**		**3**		**6**		**3**		**6**	
41	Other Clinical Activity - *specify:*																
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**
45	**End: Patient leaves office**																
46	**POST-SERVICE Period**																
47	**Start: Patient leaves office/facility**																
48	Conduct phone calls/call in prescriptions																
49	***Office visits: List Number and Level of Office Visits***			**# vis**	**# vis**	**# vis**	**# vis**	**# vis**	**# vis**	**# vis**	**# vis**	**# vis**	**# vis**	**# vis**	**# vis**	**# vis**	**# vis**
50	99211 16 minutes		16														
51	99212 27 minutes		27	**3**	**3**	**3**	**3**	**3**	**3**	**4**	**4**	**3**	**3**	**4**	**4**	**2**	**2**
52	99213 36 minutes		36	**2**	**2**	**2**	**2**	**2**	**3**			**2**	**2**			**2**	**2**
53	99214 53 minutes		53														
54	99215 63 minutes		63														

	A	B	C	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE
1				RECOMMEND		REF CODE		RECOMMEND		REF CODE		RECOMMEND		REF CODE		RECOMMEND	
2	**REVISED 1/13/2016**			28296		28296		282X2		28297		28297		28298		28298	
3	**Meeting Date: January 2016 Tab: 8 Specialty: AOFAS, APMA, AAOS**	**CMS Code**	**Staff Type**	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal		Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy		Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal		Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure		Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and		Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy		Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx	
4	**LOCATION**			**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
55	**Total Office Visit Time**	L037D	RN/LPN/MTA	**153**	**153**	**153**	**153**	**153**	**189**	**108**	**108**	**153**	**153**	**108**	**108**	**126**	**126**
56	Other Clinical Activity - *specify:*																
57	**End: with last office visit before end of global period**																
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**														
59	***PATIENT***																
60	pack, minimum multi-specialty visit	SA048	pack	**6**	**5**	**6**	**5**	**6**	**5**	**5**	**4**	**6**	**5**	**5**	**4**	**5**	**4**
61	pack, post-op incision care (suture)	SA054	pack	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
62	basin, emesis	SJ010	item			**1**				**1**				**1**			
63	***SURGEON AND STAFF***																
64	pack, protective, ortho, large	SA083	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
65	***MARK***																
66	skin marking pen, sterile (Skin Skribe)	SK075	item	**1**				**1**				**1**				**1**	
67	***PREP***																
68	tray, surgical skin prep, sterile	SA088	tray	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
69	***DRAPE***																
70	pack, drapes, ortho, large	SA080	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
71	drape-cover, sterile, OR light handle	SB016	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
72	***ANESTHETIC***																
73	needle, 18-27g	SC029	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
74	syringe 10-12ml	SC051	item	**2**		**1**		**2**		**1**		**2**		**1**		**2**	
75	swab-pad, alcohol	SJ053	item	**4**				**4**				**4**				**4**	
76	bupivacaine 0.25% inj (Marcaine)	SH021	ml	**10**				**10**				**10**				**10**	
77	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**10**		**10**		**10**		**10**		**10**		**10**		**10**	
78	***TOURNIQUET***																
79	tourniquet, ankle, sterile	SD123	item	**1**				**1**				**1**					
80	***DISPOSABLE INSTRUMENTS***																
81	blade, surgical, sterile, power saw	SF011	item	**1**				**1**				**1**				**1**	
82	bur, surgical, sterile (drill)	SD142	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
83	scalpel with blade, surgical (#10-20)	SF033	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**	
84	screw, surgical, standard, 2.7mm x 12mm	SD202	item	**2**				**2**				**2**				**1**	
85	***IRRIGATION / SUCTION***																
86	basin, irrigation	SJ009	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
87	bulb syringe (Asepto)	SJ011	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
88	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
89	canister, suction	SD009	item	**1**				**1**				**1**				**1**	
90	tubing, suction, non-latex (6ft uou)	SD132	item	**1**				**1**				**1**				**1**	
91	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item	**1**				**1**				**1**				**1**	
92	***CAUTERY***																
93	cautery, monopolar, pencil-handpiece	SF020	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
94	cautery, patient ground pad w-cord	SF021	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
95	***SUTURE / DRESSINGS***																
96	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	
97	suture, nylon, 3-0 to 6-0, c	SF036	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**	

	A	B	C	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE
1				RECOMMEND		REF CODE		RECOMMEND		REF CODE		RECOMMEND		REF CODE		RECOMMEND	
2	**REVISED 1/13/2016**			28296		28296		282X2		28297		28297		28298		28298	
3	**Meeting Date: January 2016 Tab: 8 Specialty: AOFAS, APMA, AAOS**	**CMS Code**	**Staff Type**	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal		Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy		Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal		Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure		Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and		Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy		Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx	
4	**LOCATION**			**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**	**NF**	**FAC**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
98	suture, vicryl, 3-0 to 6-0, p, ps	SF040	item	1		1		1		1		1		1		1	
99	dressing, 5in x 9in (Xeroform)	SG041	item	1		1		1		1		1		1		1	
100	bandage, Kerlix, sterile 4.5in	SG016	item			1				1				1			
101	bandage, Kling, sterile 4in	SG020	item	2				2				2				2	
102	bandage, elastic wrap 4in (Ace)	SG012	item	1				1				1				1	
103	tape, surgical paper 1in (Micropore)	SG079	inch	6		6		6		6		6		6		6	
104	***Misc***																
105	pack, cleaning, surgical instruments	SA043	pack	1		1		1		1		1		1		1	
106	**EQUIPMENT**	**CODE**															
107	light, surgical	EF014		267	153	258	153	267	189	240	108	282	153	230	108	240	126
108	table, power	EF031		267	153	258	153	267	189	240	108	282	153	230	108	240	126
109	mayo stand	EF015		114		105		114		132		129		122		114	
110	tourniquet system (Zimmer1200)	EQ240		114		105		114		132		129		122		114	
111	instrument pack, medium ($1500 and up)	EQ138		92		105		92		132		107		122		92	
112	electrocautery-hyfrecator, up to 45 watts	EQ110		114		105		114		132		129		122		114	
113	suction machine (Gomco)	EQ235		114		105		114		132		129		122		114	
114	drill system, surgical, large (Stryker)	EQ106		114		105		114		132		129		122		114	
115	drill system, surgical, small-micro (Stryker)	EQ107		114		105		114		132		129		122		114	

	A	B	C	AF	AG	AH	AI
1				REF CODE		RECOMMEND	
2	REVISED 1/13/2016			28299		28299	
3	Meeting Date: January 2016 Tab: 8 Specialty: AOFAS, APMA, AAOS	CMS Code	Staff Type	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy		Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any	
4	LOCATION			NF	FAC	NF	FAC
5	GLOBAL PERIOD			090	090	090	090
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	305	201	311	219
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	35	60	35	60
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	135	6	123	6
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	135	135	153	153
10	PRE-SERVICE						
11	Start: Following visit when decision for surgery or procedure made						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	5	5	5	5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	10	20	10	20
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0	8	0	8
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	10	20	10	20
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	10	7	10	7
18	End: When patient enters office/facility for surgery/procedure						
19	SERVICE PERIOD						
20	Start: When patient enters office/facility for surgery/procedure:						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	5		3	
22	Obtain vital signs	L037D	RN/LPN/MTA	5		5	
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	5		5	
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2		2	
27	Sedate/apply anesthesia	L037D	RN/LPN/MTA	2		2	
28	Other Clinical Activity - specify:						
29	Intra-service						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	90		75	
32	Post-Service						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	2		7	
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3	
37	Clean Surgical Instrument Package	L037D	RN/LPN/MTA	15		15	
38	Complete diagnostic forms, lab & X-ray requisitions	L037D	RN/LPN/MTA	3			
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		6	
41	Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	n/a	6	n/a	6
45	End: Patient leaves office						
46	POST-SERVICE Period						
47	Start: Patient leaves office/facility						
48	Conduct phone calls/call in prescriptions						
49	*Office visits: List Number and Level of Office Visits*			# vis	# vis	# vis	# vis
50	99211 16 minutes		16				
51	99212 27 minutes		27	1	1	3	3
52	99213 36 minutes		36	3	3	2	2
53	99214 53 minutes		53				
54	99215 63 minutes		63				

	A	B	C	AF	AG	AH	AI
1				REF CODE		RECOMMEND	
2	REVISED 1/13/2016			28299		28299	
3	Meeting Date: January 2016 Tab: 8 Specialty: AOFAS, APMA, AAOS	CMS Code	Staff Type	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy		Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any	
4	LOCATION			NF	FAC	NF	FAC
5	GLOBAL PERIOD			090	090	090	090
55	Total Office Visit Time	L037D	RN/LPN/MTA	135	135	153	153
56	Other Clinical Activity - *specify:*						
57	End: with last office visit before end of global period						
58	MEDICAL SUPPLIES*	CODE	UNIT				
59	*PATIENT*						
60	pack, minimum multi-specialty visit	SA048	pack	5	4	6	5
61	pack, post-op incision care (suture)	SA054	pack	1	1	1	1
62	basin, emesis	SJ010	item	1			
63	*SURGEON AND STAFF*						
64	pack, protective, ortho, large	SA083	pack	1		1	
65	*MARK*						
66	skin marking pen, sterile (Skin Skribe)	SK075	item			1	
67	*PREP*						
68	tray, surgical skin prep, sterile	SA088	tray	1		1	
69	*DRAPE*						
70	pack, drapes, ortho, large	SA080	pack	1		1	
71	drape-cover, sterile, OR light handle	SB016	item	2		2	
72	*ANESTHETIC*						
73	needle, 18-27g	SC029	item	2		2	
74	syringe 10-12ml	SC051	item	1		2	
75	swab-pad, alcohol	SJ053	item			4	
76	bupivacaine 0.25% inj (Marcaine)	SH021	ml			10	
77	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10		10	
78	*TOURNIQUET*						
79	tourniquet, ankle, sterile	SD123	item			1	
80	*DISPOSABLE INSTRUMENTS*						
81	blade, surgical, sterile, power saw	SF011	item			1	
82	bur, surgical, sterile (drill)	SD142	item	1		1	
83	scalpel with blade, surgical (#10-20)	SF033	item	2		3	
84	screw, surgical, standard, 2.7mm x 12mm	SD202	item			2	
85	*IRRIGATION / SUCTION*						
86	basin, irrigation	SJ009	item	1		1	
87	bulb syringe (Asepto)	SJ011	item	1		1	
88	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1	
89	canister, suction	SD009	item			1	
90	tubing, suction, non-latex (6ft uou)	SD132	item			1	
91	tubing, suction, non-latex (6ft) with Yankauer tip (1)	SD134	item			1	
92	*CAUTERY*						
93	cautery, monopolar, pencil-handpiece	SF020	item	1		1	
94	cautery, patient ground pad w-cord	SF021	item	1		1	
95	*SUTURE / DRESSINGS*						
96	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	1		1	
97	suture, nylon, 3-0 to 6-0, c	SF036	item	1		1	

	A	B	C	AF	AG	AH	AI
1				REF CODE		RECOMMEND	
2	REVISED 1/13/2016			28299		28299	
3	Meeting Date: January 2016 Tab: 8 Specialty: AOFAS, APMA, AAOS	CMS Code	Staff Type	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy		Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any	
4	LOCATION			NF	FAC	NF	FAC
5	GLOBAL PERIOD			090	090	090	090
98	suture, vicryl, 3-0 to 6-0, p, ps	SF040	item	1		1	
99	dressing, 5in x 9in (Xeroform)	SG041	item	1		1	
100	bandage, Kerlix, sterile 4.5in	SG016	item	1			
101	bandage, Kling, sterile 4in	SG020	item			2	
102	bandage, elastic wrap 4in (Ace)	SG012	item			1	
103	tape, surgical paper 1in (Micropore)	SG079	inch	6		6	
104	*Misc*						
105	pack, cleaning, surgical instruments	SA043	pack	1		1	
106	EQUIPMENT	CODE					
107	light, surgical	EF014		270	135	282	153
108	table, power	EF031		270	135	282	153
109	mayo stand	EF015		135		129	
110	tourniquet system (Zimmer1200)	EQ240		135		129	
111	instrument pack, medium ($1500 and up)	EQ138		135		107	
112	electrocautery-hyfrecator, up to 45 watts	EQ110		135		129	
113	suction machine (Gomco)	EQ235		135		129	
114	drill system, surgical, large (Stryker)	EQ106		135		129	
115	drill system, surgical, small-micro (Stryker)	EQ107		135		129	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Laryngoplasty

CPT code 31588 was identified via the 090-Day Global Post-Operative Visits screen. When the code family was reviewed it was determined that some codes in the family required revision to reflect the typical patient and those changes needed to be made prior to conducting a survey.

In October 2014, the CPT Editorial Panel created four new codes, revised three codes and deleted two codes to more accurately reflect the services currently performed for laryngoplasty procedures. However, following conclusion of the survey process the specialty societies realized there were multiple problems with the CPT descriptors and subsequent survey responses. In response, AAO-HNS requested to rescind the recent CPT changes and develop a new coding structure to define laryngoplasty services for separate patient populations. AAO-HNS indicated that there are clear differences in physician time, work and post-operative care for adult versus pediatric patients. Second, AAO-HNS requested the opportunity to redefine CPT code 31580, as it describes 2-stages of services but is actually two separate procedures: one for insertion and one for removal. The pre-, intra- and post-service physician work and time are different and the patient is seen on different days for the keel insertion and for the removal. The RUC agreed with the specialty to refer this code set back to CPT for revisions. At the October 2015 CPT Editorial Panel meeting, the Panel approved the creation of six new codes, revision of three codes and deletion of three codes.

Adult Laryngoplasty Procedures

31580 ***Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion***

The RUC reviewed the survey results from 57 practicing otolaryngologists and agreed with the specialty society on the following time components: pre-service time of 58 minutes, intra-service time of 120 minutes and immediate post-service time of 30 minutes. The RUC also recommends the following post-operative visits: one 99291, one 99231, one 99238 and three 99213 office visits. The specialty society explained that the otolaryngologists work involved in the critical care visits is truly critical care work and not simply checking post-surgical wounds. During this time, the otolaryngologist and the intensivist are adjusting ventilator settings, titrating sedation and evaluating multiple points of radiologic and laboratory data.

The RUC reviewed the survey respondents' physician work values and agreed with the specialty society that the survey 25th percentile work RVU of 14.60 is appropriate for CPT code 31580. To justify a work RVU of 14.60, the RUC compared the survey code to MPC code 52649 *Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy,*

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urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed) (work RVU= 14.56, intra time= 120 minutes) and noted that with identical intra-service time and comparable work, the surveyed code should be valued similar to this reference code. The RUC also reviewed CPT code 21048 *Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])* (work RVU= 14.71, intra time= 120 minutes) and also agreed that this reference code validated the recommended work RVU of 14.60. **The RUC recommends a work RVU of 14.60 for CPT code 31580.**

315X2 ***Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older***

The RUC reviewed the survey results from 53 practicing otolaryngologists and agreed with the specialty society on the following time components: pre-service time of 58 minutes, intra-service time of 180 minutes and immediate post-service time of 30 minutes. The RUC also recommends the following post-operative visits: one 99291, one 99231, one 99232, one 99238 and three 99213 office visits. The specialty society explained that the otolaryngologists work involved in the critical care visits is truly critical care work and not simply checking post-surgical wounds. During this time, the otolaryngologist and the intensivist are adjusting ventilator settings, titrating sedation and evaluating multiple points of radiologic and laboratory data.

The RUC reviewed the survey respondents' physician work values and agreed with the specialty society that the survey median work RVU of 20.50 is appropriate for CPT code 3158X2. To justify a work RVU of 20.50, the RUC compared the survey code to the top two key reference services: 60252 *Thyroidectomy, total or subtotal for malignancy; with limited neck dissection* (work RVU= 22.01, intra time= 180 minutes) and 42420 *Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve* (work RVU 19.53, intra time= 180 minutes) and agreed that with identical intra-service time and comparable physician work, the recommedned value of 20.50 appropraitely fits in between these two services. Finally, the RUC noted that the while the intra-service time is being reduced from 210 mintues to 180 minutes, the work value is currently 23.22 and is seeing a similar reduction as well. **The RUC recommends a work RVU of 20.50 for CPT code 315X2.**

315X4 ***Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older***

The RUC reviewed the survey results from 52 practicing otolaryngologists and agreed with the specialty society on the following time components: pre-service time of 58 minutes, intra-service time of 195 minutes and immediate post-service time of 30 minutes. The RUC also recommends the following post-operative visits: one 99291, two 99231s, one 99232, one 99238 and three 99213 office visits. The specialty society explained that the otolaryngologists work involved in the critical care visits is truly critical care work and not simply checking post-surgical wounds. During this time, the otolaryngologist and the intensivist are adjusting ventilator settings, titrating sedation and evaluating multiple points of radiologic and laboratory data.

The RUC reviewed the survey respondents' physician work values and agreed with the specialty society that the survey median work RVU of 22.00 is appropriate for CPT code 315X4. To justify a work RVU of 22.00, the RUC compared the survey code to MPC code 50546 *Laparoscopy,*

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surgical; nephrectomy, including partial ureterectomy (work RVU= 21.87, intra time= 205 minutes) and noted that while the reference code has slightly more intra-service time, code 315X4 has more total time, 540 minutes compared to 466.5 minutes, and is accurately values slightly higher. Finally, the RUC made two observations. First, the recommended work RVU of 22.00 accurately places this service higher than 315X2, which accounts for the additional 15 minutes of intra-service time. Second, the RUC noted that while the survey intra-service time drops from 210 to 195, the recommended work RVU is less than the current work value of 23.22. **The RUC recommends a work RVU of 22.00 for CPT code 315X4.**

31584 Laryngoplasty; with open reduction and fixation (eg, plating) of fracture, includes tracheostomy, if performed

The RUC reviewed the survey results from 68 practicing otolaryngologists and agreed with the specialty society on the following time components: pre-service time of 58 minutes, intra-service time of 120 minutes and immediate post-service time of 30 minutes. The RUC also recommends the following post-operative visits: one 99291, one 99231, one 99232, one 99238 and three 99213 office visits. The specialty society explained that the otolaryngologists work involved in the critical care visits is truly critical care work and not simply checking post-surgical wounds. During this time, the otolaryngologist and the intensivist are adjusting ventilator settings, titrating sedation and evaluating multiple points of radiologic and laboratory data.

The RUC reviewed the survey respondents' physician work values and agreed that the survey median work RVU of 20.00 is appropriate for CPT code 31584. To justify a work RVU of 20.00, the RUC compared the survey code to several reference codes, including: 35301 *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision* (work RVU= 21.16, intra time= 120 minutes) and 24160 *Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components* (work RVU= 18.63, intra time= 120 minutes) and agreed that these services offer appropriate work RVU brackets around the recommended work value. **The RUC recommends a work RVU of 20.00 for CPT code 31584.**

315X5 Laryngoplasty, medialization; unilateral

The RUC reviewed the survey results from 78 practicing otolaryngologists and agreed with the specialty society on the following time components: pre-service time of 39 minutes, intra-service time of 120 minutes and immediate post-service time of 28 minutes. The RUC also recommends the following post-operative visits: a half-day discharge 99238 and three 99213 office visits.

The RUC reviewed the survey respondents' physician work values and agreed that the respondents overestimated the physician work involved at the median level (work RVU= 17.20). To arrive at an appropriate value, the RUC compared the surveyed code to CPT code 58544 *Laparoscopy, surgical, supracervical hysterectomy* (work RVU= 15.60, intra time= 120 minutes) and noted that both services have identical intra-service time and comparable physician work and intensity. Therefore, the RUC agreed that CPT code 315X5 should be directly crosswalked to code 58544. To justify a work RVU of 15.60, the RUC reviewed MPC codes 60500 P*arathyroidectomy or exploration of parathyroid(s)* (work RVU= 15.60, intra

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time= 120 minutes) and 58150 *Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)* (work RVU= 17.31, intra time= 120 minutes) and agreed that both these reference codes provide appropriate magnitude estimation to justify the recommended work value of 15.60. **The RUC recommends a work RVU of 15.60 for CPT code 315X5.**

Pediatric Laryngoplasty Procedures

315X1 ***Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age***

The RUC reviewed the survey results from 31 practicing otolaryngologists and agreed with the specialty society on the following time components: pre-service time of 58 minutes, intra-service time of 180 minutes and immediate post-service time of 33 minutes. The RUC also recommends the following post-operative visits: one 99291, three 99231s, one 99232, two 99233s, one 99238 and three 99213 office visits. The specialty society noted that while the survey respondents indicated that there were three critical care visits in the post-operative period, to ensure there is no duplication of work there should only be one critical care visit included. The other two visits were shifted over to be hospital visits (99233s). The specialty again reiterated that the otolaryngologist is heavily involved in the critical care of these pediatric patients as well. During this time, the otolaryngologist and the intensivist are adjusting ventilator settings, titrating sedation and evaluating multiple points of radiologic and laboratory data.

The RUC reviewed the survey respondents' physician work values and agreed that the survey median work RVU of 21.50 is appropriate for CPT code 315X1. To justify a work RVU of 21.50, the RUC compared the survey code to the top key reference code 60252 *Thyroidectomy, total or subtotal for malignancy; with limited neck dissection* (work RVU= 22.01, intra time= 180 minutes) and note that since both codes have identical intra-service time and comparable physician work, the recommended value of 21.50 is appropriate. Furthermore, the RUC compared this pediatric code to the adult code with identical intra-service time (315X2, RUC recommended work RVU= 20.50) and agreed that 315X1 is appropriately valued higher due to greater total time and intensity of the procedure. **The RUC recommends a work RVU of 21.50 for CPT code 315X1.**

315X3 ***Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age***

The RUC reviewed the survey results from 31 practicing otolaryngologists and agreed with the specialty society on the following time components: pre-service time of 58 minutes, intra-service time of 180 minutes and immediate post-service time of 33 minutes. The RUC also recommends the following post-operative visits: one 99291, four 99232s, two 99233s, one 99238 and three 99213 office visits. The specialty society noted that while the survey respondents indicated that there were three critical care visits in the post-operative period, to ensure there is no duplication of work there should only be one critical care visit included. The other two visits were shifted over to be hospital visits (99233s). The specialty again reiterated that the otolaryngologist is heavily involved in the critical care of these pediatric patients as well. During this time, the otolaryngologist and the intensivist are adjusting ventilator settings, titrating sedation and evaluating multiple points of radiologic and laboratory data.

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The RUC reviewed the survey respondents' physician work values and agreed that the survey median work RVU of 22.00 is appropriate for CPT code 315X3. To justify a work RVU of 22.00, the RUC compared the survey code to the two key reference codes: 21558 *Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater* (work RVU= 21.58, intra time= 160 minutes) and 60252 *Thyroidectomy, total or subtotal for malignancy; with limited neck dissection* (work RVU= 22.01, intra time= 180 minutes) and agreed that these services, with comparable physician work, and similar intra-service times, appropriately place the recommended value between these two reference codes. The RUC also compared this service to code 315X1 and noted that this value appropriate accounts for the additional work of placing the stent, which is included in the descriptor of 315X3. **The RUC recommends a work RVU of 22.00 for CPT code 315X3.**

31587 ***Laryngoplasty, cricoid split, without graft placement***

The RUC reviewed the survey results from 34 practicing otolaryngologists and agreed with the specialty society on the following time components: pre-service time of 58 minutes, intra-service time of 95 minutes and immediate post-service time of 30 minutes. The RUC also recommends the following post-operative visits: three 99231s, one 99232, one 99233, one 99238 and three 99213 office visits. The specialty society noted that while the survey respondents indicated that there were four critical care visits in the post-operative period, the specialty indicated that for this procedure there is no critical care. However, the RUC agreed that one of those critical care visits should be moved to a hospital level three visit (99233).

The RUC reviewed the survey respondents' physician work values and agreed with the specialty society that the respondents overestimated the physician work involved at the survey 25th percentile (work RVU= 15.70). Considering that no compelling evidence exists at this time to increase the value of this procedure, the RUC agreed that the current work RVU of 15.27 is appropriate. To justify a work RVU of 15.27, the RUC compared the surveyed code to the second key reference code 60500 *Parathyroidectomy or exploration of parathyroid(s)* (work RVU= 16.50, intra time= 120 minutes) and noted that since the reference code has more intra-service time, it is appropriately valued higher than 31587. The RUC also reviewed CPT code 63047 *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar* (work RVU= 15.37, intra time= 90 minutes) and agreed that since this procedure has similar intra-service time and comparable post-operative follow-up care to the surveyed code, the two services should be valued similarly. **The RUC recommends a work RVU of 15.27 for CPT code 31587.**

315X6 ***Cricotracheal resection***

Prior to discussing the value for this code, the RUC received compelling evidence from the specialty society that the current work RVU for this procedure may be misvalued. Specifically, the current code used to report this service, CPT code 31582 *Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy* (work RVU= 23.22) is an inadequate clinical comparison of physician work to 315X6. Therefore,

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the current vignette for 31582 is flawed in that it describes a "2-year-old child who has anterior subglottic stenosis (70%). Surgical correction is accomplished with an autogenous costal cartilage graft. An Aboulker stent is also utilized," which does not represent the typical patient under the new code descriptor.

The RUC agreed that given the information above, there is compelling evidence that the current work RVU for 315X6 may be misvalued.

The RUC reviewed the survey results from 47 practicing otolaryngologists and agreed with the specialty society on the following time components: pre-service time of 58 minutes, intra-service time of 240 minutes and immediate post-service time of 33 minutes. The RUC also recommends the following post-operative visits: one 99291, three 99232s, two 99233s, one 99238 and three 99213 office visits. The specialty society noted that while the survey respondents indicated that there were three critical care visits in the post-operative period, to ensure there is no duplication of work there should only be one critical care visit included. The other two visits were shifted over to be hospital visits (99233s). The specialty again reiterated that the otolaryngologist is heavily involved in the critical care of these pediatric patients as well. During this time, the otolaryngologist and the intensivist are adjusting ventilator settings, titrating sedation and evaluating multiple points of radiologic and laboratory data.

The RUC reviewed the survey respondents' physician work values and agreed that the survey median (work RVU= 25.00) is appropriate for CPT code 315X6. To justify a work RVU of 25.00, the RUC compared the surveyed code to the top key reference code 60252 *Thyroidectomy, total or subtotal for malignancy; with limited neck dissection* (work RVU= 22.01, intra time= 180 minutes) and agreed that since the survyed code has more intra-service time and more post-operative follow-up care, the recommended value is appropriately higher than the reference code. The RUC also reviewed CPT code 43336 *Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis* (work RVU= 25.81, intra time= 240 minutes) and agreed that since both codes have identical intra-service time and similar post-operative visits, the values should also be similar. Finally, the RUC noted that the survey intra-service time of 240 minutes is an increase of 30 minutes over the current reporting of this services, CPT code 31582 (work RVU= 23.22). Therefore, the recommended work RVU of 25.00 represents a reaonsable increase over this procedure, which has less physician work. **The RUC recommends a work RVU of 25.00 for CPT code 315X6.**

Practice Expense
The RUC reviewed and approved the modifications as established by the Practice Expense Subcommittee

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Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
D21495		~~Open treatment of hyoid fracture~~ (21495 has been deleted. To report open treatment of hyoid fracture, ~~see~~ use 31584)	~~090~~	N/A
▲31580	I1	Laryngoplasty; for laryngeal web, ~~2-stage,~~ with indwelling keel or stent insertion ~~and removal~~ (Do not report 31580 in conjunction with 315X1, 315X2, 315X3, 315X4) (To report tracheostomy, see 31600, 31601, 31603, 31605, 31610) (To report removal of the keel or stent, ~~see~~ use 31599)	090	14.60
D31582		~~for laryngeal stenosis, with graft or core mold, including tracheotomy~~ (31582 has been deleted. To report, see 315X1, 315X2, 315X3, 315X4)	~~090~~	N/A
●315X1	I2	for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age (Do not report graft separately if harvested through the laryngoplasty incision [eg, thyroid cartilage graft]) (Do not report 315X1 in conjunction with 31580, 315X2, 315X3, 315X4) (To report tracheostomy, see 31600, 31601, 31603, 31605, 31610)	090	21.50

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●315X2	I3	for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older (Do not report graft separately if harvested through the laryngoplasty incision [eg, thyroid cartilage graft]) (Do not report 315X2 in conjunction with 31580, 315X1, 315X3, 315X4) (To report tracheostomy, see 31600, 31601, 31603, 31605, 31610)	090	20.50
●315X3	I4	for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age (Do not report graft separately if harvested through the laryngoplasty incision [eg, thyroid cartilage graft]) (Do not report 315X3 in conjunction with 31580, 315X1, 315X2, 315X4) (To report tracheostomy, see 31600, 31601, 31603, 31605, 31610) (To report removal of the stent, ~~see~~ use 31599)	090	22.00
●315X4	I5	for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older (Do not report graft separately if harvested through the laryngoplasty incision [eg, thyroid cartilage graft]) (Do not report 315X4 in conjunction with 31580, 315X1, 315X2, 315X3) (To report tracheostomy, see 31600, 31601, 31603, 31605, 31610) (To report removal of the stent, ~~see~~ use 31599)	090	22.00
▲31584	I6	with open reduction and fixation (eg, plating) of fracture, includes tracheostomy, if performed (Do not report graft separately if harvested through the laryngoplasty incision [eg, thyroid cartilage graft])	090	20.00
▲31587	I7	Laryngoplasty, cricoid split, without graft placement (To report tracheostomy, see 31600, 31601, 31603, 31605, 31610)	090	15.27 (No Change)

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D31588		~~Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)~~ ~~(To report tracheostomy, see 31600, 31601, 31603, 30605, 31610)~~ (31588 has been deleted, to report laryngoplasty not otherwise specified, ~~see 315X6, 315X6, and~~ use 31599)	~~090~~	N/A
●315X5	I8	Laryngoplasty, medialization, unilateral	090	15.60
●315X6	I9	Cricotracheal resection (Do not report graft separately if harvested through cricotracheal resection incision, [eg, trachealis muscle]) (Do not report local advancement and rotational flaps separately if performed through the same incision) (To report tracheostomy, see 31600, 31601, 31603, 31605, 31610) (To report excision of tracheal stenosis and anastomosis, see 31780, 31781)	090	25.00

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31580 Tracking Number Original Specialty Recommended RVU: **14.60**
Presented Recommended RVU: **14.60**
Global Period: 090 RUC Recommended RVU: **14.60**

CPT Descriptor: Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 32 year old female has undergone multiple surgeries for removal of respiratory papillomas, and she is now experiencing dyspnea on exertion. Laryngoscopy reveals a thick web involving the anterior 50% of the glottis. Laryngoplasty with keel insertion is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 96% , In the ASC 2%, In the office 2%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 11% , Overnight stay-less than 24 hours 31% , Overnight stay-more than 24 hours 58%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 39%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 5%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 2%

Description of Pre-Service Work: Discussion with patient and family regarding planned procedure and post-operative management; Review of imaging and laboratory values; Obtain informed consent; Discuss airway management with anesthesiologist; Review airway management with OR staff; Change into scrub clothes; Verify that all required instruments and supplies, including laryngoscopy and bronchoscopy cart, are available; Monitor/assist with positioning of patient with placement of shoulder roll for neck extension; Mark planned incision; Inject planned incision with topical vasoconstrictor; Scrub preparation of neck; Surgeon scrub and gown; Draping of patient; Perform surgical “time out” with surgical operating team.

Description of Intra-Service Work: The patient is brought into the operating room and anesthesia is induced. The surgeon must be in attendance because of the possibility of airway obstruction during induction. If the patient’s ventilation can be supported comfortably, intubation can be performed through a transoral route. Intubation is performed either by the attending surgeon through direct laryngoscopy or by the anesthesia attending with video guidance so that the entire team can visualize the airway and the atraumatic passage of the endotracheal tube.

An incision is made in a horizontal direction over the midline through the skin and platysma muscle. Subplastysmal flaps are elevated to the hyoid bone superiorly and over the cricoid ring inferiorly. The strap muscles are identified and incised in the midline from the hyoid to below the cricoid. These are retracted and the laryngeal framework identified. The laryngeal cartilage is split vertically in the midline with care taken not to enter the lumen of the airway. The cricothyroid membrane is incised horizontally and the interior of the larynx is exposed. Under direct visualization, the web is incised sharply. Often some additional repair, resection of scar tissue, etc. must be performed on the inside of the larynx. The appropriate sized laryngeal keel is chosen and trimmed to fit. The keel is then placed into the larynx and sutured in place with a nonabsorbable suture. A nasogastric feeding tube is placed. The laryngeal lamina are reapproximated over the keel

with either miniplates or heavy non-absorbable sutures. The strap muscles are then closed in the midline and the neck incision is closed in layers. Prior to closing the wound a drain is placed.

Description of Post-Service Work: Apply sterile dressings. Monitor patient during reversal of anesthesia. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Review immediate postoperative care with Post-Anesthesia Care Unit/ICU staff. Write postoperative orders. Discuss procedure and outcome with family in waiting area. Exam the patient to insure adequate breathing, oxygen saturation and absence of stridor. Write postoperative note. Dictate operative report and copy the referring physician. The physician then can leave the bedside to return 2-4 hours later for evaluation of breathing, presence of stridor and oxygen saturation. Post-operative chest x-ray is evaluated for feeding tube placement. Check wounds and monitor patient progress. Assess for airway patency, signs of respiratory distress, subcutaneous air and tolerance of feedings either PO or via feeding tube. Chart notes. Review patient management with nursing staff. Monitor overall medical condition of the patient including fluid and electrolyte balance, blood pressure, respiratory status and urinary function. Monitor neck incisions for signs of infection, hematoma, or seroma. Watch for signs of atelectasis. Ensure adequate swallowing and transition to oral feeds as appropriate. Answer patient and family questions. Answer nursing staff questions. Discuss patient progress with ICU physician. Discuss patient progress with referring physician (verbal and written). Assure adequate level of pain control. Remove drain prior to discharge if appropriate. Chart discharge instructions. Write orders for follow-up, post-discharge labs, imaging and home care. Write prescriptions for medications and supplies needed post-discharge. Review post-discharge wound care and activity limitations with patient and family. Dictate discharge summary. Dictate discharge letter to referring physician.
Examine patient, remove sutures and staples. Evaluate the patient for airway and voice related complaints, assess the voice by perceptual means, inspect the larynx. After applying topical anesthesia to the nasal cavity, perform flexible laryngoscopy. Change tracheostomy tube. Answer patient/family questions. Review pathology report. Assess for adequacy of pain control. Discuss advancing diet and daily activities with patient. Discuss long term scar management. Dictate progress notes for chart for each follow up visit

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Peter Manes, MD; Mark Courey, MD; Lawrence Simon, MD		
Specialty(s):	AAO-HNS		
CPT Code:	31580		
Sample Size:	1680	**Resp N:** 57	**Response:** 3.3 %
Description of Sample:	Targeted Random Sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	3.00	8.00
Survey RVW:	8.00	14.60	**17.00**	21.16	35.00
Pre-Service Evaluation Time:			**55.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	30.00	90.00	**120.00**	180.00	390.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	31580	**Recommended Physician Work RVU: 14.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
60252	090	22.01	**RUC Time**

CPT Descriptor Thyroidectomy, total or subtotal for malignancy; with limited neck dissection

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
69930	090	17.73	**RUC Time**

CPT Descriptor Cochlear device implantation, with or without mastoidectomy

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,243

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
60500	090	15.60	**RUC Time**	14,939

CPT Descriptor 2 Parathyroidectomy or exploration of parathyroid(s);

Other Reference CPT Code	Global	Work RVU	Time Source
21048	090	14.71	**RUC Time**

CPT Descriptor Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 15.7 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 8.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 31580	Top Key Reference CPT Code: 60252	2nd Key Reference CPT Code: **69930**
Median Pre-Service Time	58.00	60.00	95.00
Median Intra-Service Time	120.00	180.00	180.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	70.0	0.00	0.00
Median Other Hospital Visit Time	20.0	100.00	0.00
Median Discharge Day Management Time	38.0	38.00	19.00
Median Office Visit Time	69.0	62.00	63.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**405.00**	**470.00**	**387.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.44	0.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.11	0.20
Urgency of medical decision making	0.56	1.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.00	0.00
Physical effort required	1.00	0.40

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.67	0.60
Outcome depends on the skill and judgment of physician	1.00	0.40
Estimated risk of malpractice suit with poor outcome	0.56	0.80

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.33	0.40

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey: In 2014, CPT code 31588 was captured by the RAW screen for 090 globals with more than 6 office visits and greater than 1000 utilization in 2012. In response, the Academy submitted an Action Plan for the April 2014 RUC meeting which recommended survey of the Laryngoplasty family of codes for the October 2014 RUC meeting. Upon further review, our experts recommended further modifications to the family of codes so the family was referred to CPT for the October 2014 meeting where new codes were added to the existing family. The codes were then surveyed for the January 2015 RUC meeting. The survey responses, however, revealed multiple issues with the revised code set. Most notably, that there was a significant difference in post operative visits and work following these procedures depending on whether the patient was an adult or a child. Based on this and other issues with the survey responses for the family, the Academy requested that the tab be removed from the January 2015 RUC agenda so that we could take the code set back to CPT to develop pediatric codes, where appropriate, within the family. That request was approved and the codes were again revised during the October 2015 CPT meeting. They are now being re-surveyed and presented to the RUC.

Survey Sample:
The survey data and recommendations are based upon a targeted, random sample of AAO-HNS members who have self-designated in the Academy member database as Laryngologists or Pediatric Otolaryngologists. This sample was approved by the Research Subcommittee. The total sample size was 1680 otolaryngologists.

Physician Time:

Pre-Service Time
Our expert panel selected pre-service package 4 (Difficult Patient/Difficult Procedure) for this family of codes based on the fact they are performed in the facility setting, under general anesthesia. We believe this qualifies as a "difficult procedure" and "difficult patient" based on the risk that is inherent in airway procedures. The physician must discuss airway management with anesthesiologist and review airway management with OR staff which is extremely time consuming. They must also verify that all required instruments and supplies, including laryngoscopy and bronchoscopy cart, are

available. We are recommending taking the lesser of the survey or the pre-time package. **Therefore, we recommend a pretime of 58 minutes.**

Intra-Service Time

We are recommending our survey time of 120 minutes for intra service work.

Post-Service Time

The expert panel selected post-package 9B (General Anesthesia or Complex Regional Block/Complex Procedure) for this code. They concluded that reducing the post service package time of 33 minutes down to the recommended survey time of 30 minutes was appropriate. **The expert panel recommends a post-service time of 30 minutes.**

Post-Operative Visits

99291:

The patient is intubated and sedated. The otolaryngologist, as well as the intensivist, are performing critical care work, including reviewing and assessing data such as chest x-ray, arterial blood gas and other laboratory values, adjusting ventilator settings, titrating sedation, determining need for blood and volume expanders and communicating with intensive care physicians, staff and family.

99231

The physician will need to monitor the wound and graft site for infection, crepitus, and the patient for breathing, oral intake, vocal communication ability and pain management. The visit includes reviewing a chest X-ray, auscultating the neck and chest, and closely monitoring vital signs. The physician evaluates for signs and symptoms of aspiration.

99213 x3

The physician will need to perform a wound check and remove sutures. The physician will assess breathing, voice production and swallowing. Breathing is assessed through clinical complaints as well direct inspection of the airway with indirect endoscopy for signs of edema or granulation tissue. Voice is assessed with perceptual evaluation and indirect endoscopy to exam vocal fold motion and closure during voice production. Swallowing is assessed clinically and through observation of swallowing. If the patient exhibits excessive coughing or difficulty, SLP evaluation and education will need to be initiated through referral. A flexible laryngoscopy is performed at each visit and is not separately reportable.

Physician Work RVU

Upon review of the survey results, the expert panel **recommends a value below existing value in accordance with the 25th percentile of our survey, for an RVW of 14.60**.

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 31580, as they demonstrate relativity across the fee schedule.

Additional Reference Codes

CPT Code	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time	Time Source	Most Recent RUC Review	IWPUT
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	090	14.71	75	120	30	400	RUC	Apr02	0.0497
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only	090	14.79	85	120	30	441	RUC	Feb07	0.0387

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

   31580 Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion
   Global - 090 14.60 Pre -85 Intra- 120 Post- 30 Total Time - 432 MPRR: 100%
31600 Tracheostomy, planned (separate procedure);
Global - 000 7.71 Pre- 50 Intra- 40 Post- 66 Total Time - 156 MPPR: 50%

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31580

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 90
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. We utilized the 2014 RUC database volume of 26 and multipled by three to project the national volume. We estimate that the national volume is typically three times that of the Medicare volume for these services.

Specialty Otolaryngology Frequency 90 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 26 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the 2014 Medicare volume as listed in the RUC database.

Specialty Otolaryngology Frequency 26 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 31580

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:315X2 Tracking Number Original Specialty Recommended RVU: **20.50**
Presented Recommended RVU: **20.50**
Global Period: 090 RUC Recommended RVU: **20.50**

CPT Descriptor: Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 20-year-old patient presents with subglottic stenosis and has been tracheostomy dependent since shortly after birth. laryngoplasty with graft, without stent placement is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 96% , In the ASC 2%, In the office 2%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 14% , Overnight stay-more than 24 hours 86%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 39%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 6%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 2%

Description of Pre-Service Work: Discussion with patient and family regarding planned procedure and post-operative management; Review of imaging and laboratory values; Obtain informed consent; Discuss airway management with anesthesiologist; Review airway management with OR staff; Change into scrub clothes; Verify that all required instruments and supplies, including laryngoscopy and bronchoscopy cart, are available; Monitor/assist with positioning of patient with placement of shoulder roll for neck extension; Mark planned incision; Inject planned incision with topical vasoconstrictor; Scrub preparation of neck; Surgeon scrub and gown; Draping of patient; Perform surgical “time out” with surgical operating team.

Description of Intra-Service Work: The patient is induced with general anesthesia with the surgeon present in the room due to the risk of airway obstruction. The surgeon performs direct laryngoscopy and bronchoscopy to evaluate the airway, the tracheostomy tube is removed and the surgeon places the appropriate size endotracheal tube.
A horizontal neck incision is made over the thyroid cartilage through the skin and platysma layers. Subplasysmal flaps are elevated to the hyoid superiorly and over the trachea inferiorly. The strap muscles are incised in the midline and separated. The thyroid is divided in the midline and retracted. The trachea and larynx are skeletonized with care taken to avoid major vessels and the recurrent laryngeal nerves. The lower portion of the larynx, the cricoid and the trachea are incised. Scar tissue in the lumen of the airway is resected as needed and rotational flaps sutured into place to cover as much of the exposed cartilage surface as possible. The graft is harvested through a separate incision. It is then contoured to fit into place expanding the airway lumen. The graft is sutured into place using non-resorbable sutures. A nasogastric feeding tube is placed. If the graft and airway are stable, then the decision can be made to extubate that patient after closure of the wound. The strap muscles are reapproximated in the midline. The skin and platysma are closed in layers. A drain may be placed.

Description of Post-Service Work: Apply sterile dressings. Monitor patient during reversal of anesthesia. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Review immediate postoperative care with Post-Anesthesia Care Unit/ICU staff. Write postoperative orders. Discuss procedure and outcome with family in waiting area. Exam the patient to insure adequate breathing, oxygen saturation and absence of stridor. Write postoperative note. Dictate operative report and copy the referring physician. The physician then can leave the bedside to return 2-4 hours later for evaluation of breathing, presence of stridor and oxygen saturation. Post-operative chest x-ray is evaluated for feeding tube placement. Check wounds and monitor patient progress. Assess for airway patency, signs of respiratory distress, subcutaneous air and tolerance of feedings either PO or via feeding tube. Chart notes. Review patient management with nursing staff. Monitor overall medical condition of the patient including fluid and electrolyte balance, blood pressure, respiratory status and urinary function. Monitor neck incisions for signs of infection, hematoma, or seroma. Watch for signs of atelectasis. Ensure adequate swallowing and transition to oral feeds as appropriate. Answer patient and family questions. Answer nursing staff questions.

Discuss patient progress with ICU physician. Discuss patient progress with referring physician (verbal and written). Assure adequate level of pain control. Remove drain prior to discharge if appropriate. Chart discharge instructions. Write orders for follow-up, post-discharge labs, imaging and home care. Write prescriptions for medications and supplies needed post-discharge. Review post-discharge wound care and activity limitations with patient and family. Dictate discharge summary. Dictate discharge letter to referring physician.

Examine patient, remove sutures and staples. Evaluate the patient for airway and voice related complaints, assess the voice by perceptual means, inspect the larynx. After applying topical anesthesia to the nasal cavity, perform flexible laryngoscopy. Answer patient/family questions. Review pathology report. Assess for adequacy of pain control. Discuss advancing diet and daily activities with patient. Discuss long term scar management. Dictate progress notes for chart for each follow up visit.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016					
Presenter(s):	Peter Manes, MD; Mark Courey, MD; Lawrence Simon, MD					
Specialty(s):	AAO-HNS					
CPT Code:	315X2					
Sample Size:	1680	**Resp N:**	53	**Response:** 3.1 %		
Description of Sample:	Targeted Random Sample					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	1.00	**2.00**	3.00	10.00	
Survey RVW:	8.00	19.00	**20.50**	23.00	35.00	
Pre-Service Evaluation Time:			**75.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	60.00	120.00	**180.00**	240.00	355.00	
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**				
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	315X2	**Recommended Physician Work RVU: 20.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
60252	090	22.01	**RUC Time**

CPT Descriptor Thyroidectomy, total or subtotal for malignancy; with limited neck dissection

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
42420	090	19.53	**RUC Time**

CPT Descriptor Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50546	090	21.87	**RUC Time**	2,081

CPT Descriptor 1 Laparoscopy, surgical; nephrectomy, including partial ureterectomy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
60500	090	15.60	**RUC Time**	14,939

CPT Descriptor 2 Parathyroidectomy or exploration of parathyroid(s);

Other Reference CPT Code	Global	Work RVU	Time Source
35612	090	20.35	**RUC Time**

CPT Descriptor Bypass graft, with other than vein; subclavian-subclavian

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11 **% of respondents:** 20.7 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 16.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 315X2	Top Key Reference CPT Code: 60252	2nd Key Reference CPT Code: **42420**
Median Pre-Service Time	58.00	60.00	72.00
Median Intra-Service Time	180.00	180.00	180.00
Median Immediate Post-service Time	30.00	30.00	50.00
Median Critical Care Time	70.0	0.00	0.00
Median Other Hospital Visit Time	60.0	100.00	0.00
Median Discharge Day Management Time	38.0	38.00	19.00
Median Office Visit Time	69.0	62.00	62.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**505.00**	**470.00**	**383.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.55	0.56
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.45	0.33
Urgency of medical decision making	0.73	0.56
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.18	0.33
Physical effort required	1.09	-0.11
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.55	0.67

Outcome depends on the skill and judgment of physician	1.36	0.22
Estimated risk of malpractice suit with poor outcome	0.82	0.22

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.45	0.89

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey: In 2014, CPT code 31588 was captured by the RAW screen for 090 globals with more than 6 office visits and greater than 1000 utilization in 2012. In response, the Academy submitted an Action Plan for the April 2014 RUC meeting which recommended survey of the Laryngoplasty family of codes for the October 2014 RUC meeting. Upon further review, our experts recommended further modifications to the family of codes so the family was referred to CPT for the October 2014 meeting where new codes were added to the existing family. The codes were then surveyed for the January 2015 RUC meeting. The survey responses, however, revealed multiple issues with the revised code set. Most notably, that there was a significant difference in post operative visits and work following these procedures depending on whether the patient was an adult or a child. Based on this and other issues with the survey responses for the family, the Academy requested that the tab be removed from the January 2015 RUC agenda so that we could take the code set back to CPT to develop pediatric codes, where appropriate, within the family. That request was approved and the codes were again revised during the October 2015 CPT meeting. They are now being re-surveyed and presented to the RUC.

Survey Sample:
The survey data and recommendations are based upon a targeted, random sample of AAO-HNS members who have self-designated in the Academy member database as Laryngologists or Pediatric Otolaryngologists. This sample was approved by the Research Subcommittee. The total sample size was 1680 otolaryngologists.

Physician Time:

Pre-Service Time
Our expert panel selected pre-service package 4 (Difficult Patient/Difficult Procedure) for this family of codes based on the fact they are performed in the facility setting, under general anesthesia. We believe this qualifies as a "difficult procedure" and "difficult patient" based on the risk that is inherent in airway procedures. The physician must discuss airway management with anesthesiologist and review airway management with OR staff which is extremely time consuming. They must also verify that all required instruments and supplies, including laryngoscopy and bronchoscopy cart, are available. We are recommending taking the lesser of the survey or the pre-time package. **Therefore, we recommend a pretime of 58 minutes.**

Intra-Service Time

We are recommending our survey time of 180 minutes for intra service work.

Post-Service Time

The expert panel selected post-package 9B (General Anesthesia or Complex Regional Block/Complex Procedure) for this code. They concluded that reducing the to the survey time down from the package time of 33 minutes was appropriate. **The expert panel recommends a post-service time of 30 minutes.**

Post-Operative Visits

99291

The patient is intubated and sedated. The otolaryngologist, as well as the intensivist, are performing critical care work, including reviewing and assessing data such as chest x-ray, arterial blood gas and other laboratory values, adjusting ventilator settings, titrating sedation, determining need for blood and volume expanders and communicating with intensive care physicians, staff and family.

99232

Surgeon will need to do a wound check, check the chest x ray, check the graft harvest site, and check the neck for crepitus and infection. These patients have an unstable airway for the first 1-3 days after surgery. They need to be observed for signs of airway edema with continuous pulse oximetry. The surgeon will need to clinically assess the patients' safety for PO intake with a bedside swallow evaluation.

99231

The physician will need to monitor the wound and graft site for infection, crepitus, and the patient for breathing, oral intake, vocal communication ability and pain management. The visit includes reviewing a chest X-ray, auscultating the neck and chest, and closely monitoring vital signs. The physician evaluates for signs and symptoms of aspiration.

99213 x3

The physician will need to perform a wound check and remove sutures. The physician will assess breathing, voice production and swallowing. Breathing is assessed through clinical complaints as well direct inspection of the airway with indirect endoscopy for signs of edema or granulation tissue. Voice is assessed with perceptual evaluation and indirect endoscopy to exam vocal fold motion and closure during voice production. Swallowing is assessed clinically and through observation of swallowing. If the patient exhibits excessive coughing or difficulty, SLP evaluation and education will need to be initiated through referral. A flexible laryngoscopy is performed at each visit and is not separately reportable.

Physician Work RVU

Upon review of the survey results, the expert panel **recommends a value below existing value, in accordance with the survey median, for an RVW of 20.50**.

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 3158X2, as they demonstrate relativity across the fee schedule.

Additional Reference Codes

CPT Code	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time	Time Source	Most Recent RUC Review	IWPUT
35612	Bypass graft, with other than vein; subclavian-subclavian	090	20.35	65	180	40	485	RUC	Oct10	0.0614
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	090	20.8	80	180	35	455	RUC	Feb02	0.0687

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31582

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 56
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We utilized the 2014 Medicare data of 37 and multipled by three to project the national volume, as we typically estimate that the national volume is typically three times that of the Medicaid volume for these services. We then divided that by 2 given that only two of the codes that have been carved out of 31582 are adult procedures (X2 and X4). This reulsts in (37*3=111/2 =55.5). We rouned up to 56 for each code (X2 and X4).

Specialty Otolaryngology Frequency 56 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 19 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. In order to calculate this we took the 2014 Medicare volume, as listed in the RUC database, and divided it by 2 as there are 2 codes to describe adult services that represent the current Medicare volume of former CPT code 31582. This results in 37/2 = 18.5, so we rounded to 19 for all codes which replace the volume of 31582.

Specialty Otolaryngology Frequency 19 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 31582

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:315X4 Tracking Number Original Specialty Recommended RVU: **22.00**
Presented Recommended RVU: **22.00**
Global Period: 090 RUC Recommended RVU: **22.00**

CPT Descriptor: Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 40 year old male underwent prolonged intubation during recent closed head trauma. he is now tracheotomy dependent and laryngoscopy reveals posterior glottic stenosis. He undergoes laryngoplasty with graft, with stent placement.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 96% , In the ASC 2%, In the office 2%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 10% , Overnight stay-more than 24 hours 90%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 44%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 6%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 2%

Description of Pre-Service Work: Discussion with patient and family regarding planned procedure and post-operative management; Review of imaging and laboratory values; Obtain informed consent; Discuss airway management with anesthesiologist; Review airway management with OR staff; Change into scrub clothes; Verify that all required instruments and supplies, including laryngoscopy and bronchoscopy cart, are available; Monitor/assist with positioning of patient with placement of shoulder roll for neck extension; Mark planned incision; Inject planned incision with topical vasoconstrictor; Scrub preparation of neck; Surgeon scrub and gown; Draping of patient; Perform surgical “time out” with surgical operating team.

Description of Intra-Service Work: The patient is induced with general anesthesia with the surgeon present in the room due to the risk of airway obstruction. The tracheostomy tube is exchanged for an endotracheal tube placed through the tracheotomy. A direct laryngoscopy and bronchoscopy is performed to evaluate the airway. A horizontal neck incision is made over the thyroid cartilage through the skin and platysma layers. Subplasysmal flaps are elevated to the hyoid superiorly and over the trachea inferiorly. The strap muscles are incised in the midline and separated. The thyroid gland is divided in the midline and retracted. The trachea and larynx are skeletonized with care taken to avoid major vessels and the recurrent laryngeal nerves. The lower portion of the larynx, the cricoid and the trachea are incised. If not performed previously, or if it exists in an unfavorable position, a tracheotomy is revised or performed through the same prepared site but though a separate neck incision. Care is taken to keep 1 to 2 intact tracheal rings between the tracheotomy site and the lower portion of the graft. Scar tissue in the lumen of the airway is resected as needed and rotational flaps sutured into place to cover as much of the exposed cartilage surface as possible. The cartilage graft is harvested through a separate incision. It is then contoured to fit into place. The stent is inserted to expand the airway and the cartilage graft, that was previously contoured, is modified as needed and sutured into place using non-resorbable sutures. A nasogastric feeding

tube is placed. The strap muscles are reapproximated in the midline. The skin and platysma are closed in layers. A drain may be placed.

Description of Post-Service Work: Apply sterile dressings. Monitor patient during reversal of anesthesia. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Review immediate postoperative care with Post-Anesthesia Care Unit/ICU staff. Write postoperative orders. Discuss procedure and outcome with family in waiting area. Exam the patient to insure adequate breathing, oxygen saturation and absence of stridor, Write postoperative note. Dictate operative report and copy the referring physician. The physician then can leave the bedside to return 2-4 hours later for evaluation of breathing, presence of stridor and oxygen saturation. Post-operative chest x-ray is evaluated for feeding tube placement. Check wounds and monitor patient progress. Assess for airway patency, signs of respiratory distress, subcutaneous air and tolerance of feedings either PO or via feeding tube. Chart notes. Review patient management with nursing staff. Monitor overall medical condition of the patient including fluid and electrolyte balance, blood pressure, respiratory status and urinary function. Monitor neck incisions for signs of infection, hematoma, or seroma. Watch for signs of atelectasis. Ensure adequate swallowing and transition to oral feeds as appropriate. Answer patient and family questions. Answer nursing staff questions.

Discuss patient progress with ICU physician. Discuss patient progress with referring physician (verbal and written). Assure adequate level of pain control. Remove drain prior to discharge if appropriate. Chart discharge instructions. Write orders for follow-up, post-discharge labs, imaging and home care. Write prescriptions for medications and supplies needed post-discharge. Review post-discharge wound care and activity limitations with patient and family. Dictate discharge summary. Dictate discharge letter to referring physician.

Examine patient, remove sutures and staples. Evaluate the patient for airway and voice related complaints, assess the voice by perceptual means, inspect the larynx. After applying topical anesthesia to the nasal cavity, perform flexible laryngoscopy. Change tracheostomy tube. Answer patient/family questions. Review pathology report. Assess for adequacy of pain control. Discuss advancing diet and daily activities with patient. Discuss long term scar management. Dictate progress notes for chart for each follow up visit

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Peter Manes, MD; Mark Courey, MD; Lawrence Simon, MD		
Specialty(s):	AAO-HNS		
CPT Code:	315X4		
Sample Size:	1680	**Resp N:** 52	**Response:** 3.0 %
Description of Sample:	Targeted Random Sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	3.00	20.00
Survey RVW:	8.00	19.38	**22.00**	25.00	35.00
Pre-Service Evaluation Time:			**75.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	60.00	120.00	**195.00**	240.00	500.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**80.00**	99231x **2.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	315X4	**Recommended Physician Work RVU: 22.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**195.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**80.00**	99231x **2.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
60252	090	22.01	**RUC Time**

CPT Descriptor Thyroidectomy, total or subtotal for malignancy; with limited neck dissection

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
21588	090	21.58	**RUC Time**

CPT Descriptor Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50546	090	21.87	**RUC Time**	2,081

CPT Descriptor 1 Laparoscopy, surgical; nephrectomy, including partial ureterectomy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15738	090	19.04	**RUC Time**	5,514

CPT Descriptor 2 Muscle, myocutaneous, or fasciocutaneous flap; lower extremity

Other Reference CPT Code	Global	Work RVU	Time Source
47420	090	22.03	**RUC Time**

CPT Descriptor Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 28.8 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 17.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 315X4	Top Key Reference CPT Code: 60252	2nd Key Reference CPT Code: **21588**
Median Pre-Service Time	58.00	60.00	72.00
Median Intra-Service Time	195.00	180.00	160.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	70.0	0.00	0.00
Median Other Hospital Visit Time	80.0	100.00	100.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	69.0	62.00	102.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**540.00**	**470.00**	**502.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.53	0.56
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.13	1.00
Urgency of medical decision making	0.87	0.44
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.93	0.78
Physical effort required	0.87	0.78

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.27	1.44
Outcome depends on the skill and judgment of physician	1.07	1.11
Estimated risk of malpractice suit with poor outcome	0.87	0.67

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.47	1.44

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey: In 2014, CPT code 31588 was captured by the RAW screen for 090 globals with more than 6 office visits and greater than 1000 utilization in 2012. In response, the Academy submitted an Action Plan for the April 2014 RUC meeting which recommended survey of the Laryngoplasty family of codes for the October 2014 RUC meeting. Upon further review, our experts recommended further modifications to the family of codes so the family was referred to CPT for the October 2014 meeting where new codes were added to the existing family. The codes were then surveyed for the January 2015 RUC meeting. The survey responses, however, revealed multiple issues with the revised code set. Most notably, that there was a significant difference in post operative visits and work following these procedures depending on whether the patient was an adult or a child. Based on this and other issues with the survey responses for the family, the Academy requested that the tab be removed from the January 2015 RUC agenda so that we could take the code set back to CPT to develop pediatric codes, where appropriate, within the family. That request was approved and the codes were again revised during the October 2015 CPT meeting. They are now being re-surveyed and presented to the RUC.

Survey Sample:
The survey data and recommendations are based upon a targeted, random sample of AAO-HNS members who have self-designated in the Academy member database as Laryngologists or Pediatric Otolaryngologists. This sample was approved by the Research Subcommittee. The total sample size was 1680 otolaryngologists.

Physician Time:

Pre-Service Time
Our expert panel selected pre-service package 4 (Difficult Patient/Difficult Procedure) for this family of codes based on the fact they are performed in the facility setting, under general anesthesia. We believe this qualifies as a "difficult procedure" and "difficult patient" based on the risk that is inherent in airway procedures. The physician must discuss airway management with anesthesiologist and review airway management with OR staff which is extremely time consuming. They must also verify that all required instruments and supplies, including laryngoscopy and bronchoscopy cart, are

available. We are recommending taking the lesser of the survey or the pre-time package. **Therefore, we recommend a pretime of 58 minutes.**

Intra-Service Time

We are recommending our survey time of 195 minutes for intra service work.

Post-Service Time

The expert panel selected post-package 9B (General Anesthesia or Complex Regional Block/Complex Procedure) for this code. They concluded that reducing the time to the lesser of the package time and the survey time was appropriate. **The expert panel recommends a post-service time of 30 minutes.**

Post-Operative Visits

99291

The patient has a fresh tracheostomy, is on the ventilator and is sedated. The otolaryngologist, as well as the intensivist, are performing critical care work, including reviewing and assessing data such as chest x-ray, arterial blood gas and other laboratory values, adjusting ventilator settings, titrating sedation, determining need for blood and volume expanders and communicating with intensive care physicians, staff and family.

99232

Surgeon will need to do a wound check, check the chest x ray, check the graft harvest site, and check the neck for crepitus and infection. These patients have an unstable airway for the first 1-3 days after surgery. They need to be observed for signs of airway edema with continuous pulse oximetry. The surgeon will need to clinically assess the patients' safety for PO intake with a bedside swallow evaluation. The physician changes this tracheostomy during this period. The physician also ensures patency of the tracheostomy during each visit, evaluating for any granulation tissue or obstruction distal to the tracheostomy.

99231 x2

The physician will need to monitor the wound and graft site for infection, crepitus, and the patient for breathing, oral intake, vocal communication ability and pain management. The visit includes reviewing a chest X-ray, auscultating the neck and chest, and closely monitoring vital signs. The physician evaluates for signs and symptoms of aspiration.

99213 x3

The surgeon will monitor the neck wound and graft site for infection and crepitus. Sutures are removed. The surgeon will evaluate the tracheotomy site and tracheotomy appliance. Patient's ability to care for tracheotomy will be assessed. Endoscopy will be performed though the tracheotomy to evaluate the lower airway for signs of crusting or infection as well as from above for position of the stent. The surgeon will assess the patient's PO intake through a clinical evaluation and observation of swallowing.

Physician Work RVU

Upon review of the survey results, the expert panel **recommends a value below existing value, in accordance with the median of our survey, for an RVW of 22**.

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 3158X4, as they demonstrate relativity across the fee schedule.

Additional Reference Codes

CPT Code	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time	Time Source	Most Recent RUC Review	IWPUT
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or	090	22.12	80	180	30	549	RUC	Apr10	0.0579

	other prosthesis									
47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty	090	22.03	75	180	30	588	RUC	Aug00	0.0496

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.
3.
4. 3158X4 laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older
5. Global - 090 14.60 Pre -105 Intra- 195 Post- 30 Total Time - 587 MPRR: 100%
6. 31600 Tracheostomy, planned (separate procedure);
7. Global - 000 7.71 Pre- 50 Intra- 40 Post- 66 Total Time - 156 MPPR: 50%

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31582

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 56
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We utilized the 2014 Medicare data of 37 and multipled by three to project the national volume, as we typically estimate that the national volume is typically three times that of the Medicaid volume for these services. We then divided that by 2 given that only two of the codes that have been carved out of 31582 are adult procedures (X2 and X4). This reulsts in (37*3=111/2 =55.5). We rouned up to 56 for each code (X2 and X4)

Specialty Otolaryngology Frequency 56 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 19 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. In order to calculate this we took the 2014 Medicare volume, as listed in the RUC database, and divided it by 2 as there are 2 codes to describe adult services that represent the current Medicare volume of former CPT code 31582. This results in 37/2 = 18.5, so we rounded to 19 for all codes which replace the volume of 31582.

Specialty Otolaryngology Frequency 19 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 31582

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31584 Tracking Number Original Specialty Recommended RVU: **22.00**
Presented Recommended RVU: **22.00**
Global Period: 090 RUC Recommended RVU: **20.00**

CPT Descriptor: Laryngoplasty; with open reduction and fixation (eg, plating) of fracture, includes tracheostomy, if performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: a 28-year-old male presents as an unrestrained driver in an automobile collision. he sustained blunt trauma to his larynx and evaluation demonstrates a fracture in the thyroid cartilage resulting in airway compromise and hoarseness with mucosal tears and exposed cartilage. laryngoplasty with open reduction and fixation of the fracture is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 97% , In the ASC 1%, In the office 1%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 1% , Overnight stay-less than 24 hours 11% , Overnight stay-more than 24 hours 88%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 43%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 9%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 1%

Description of Pre-Service Work: Discussion with patient and family regarding planned procedure and post-operative management; Review of imaging and laboratory values; Obtain informed consent; Discuss airway management with anesthesiologist; Review airway management with OR staff; Change into scrub clothes; Verify that all required instruments and supplies, including laryngoscopy and bronchoscopy cart, are available; Monitor/assist with positioning of patient with placement of shoulder roll for neck extension; Mark planned incision; Inject planned incision with topical vasoconstrictor; Scrub preparation of neck; Surgeon scrub and gown; Draping of patient; Perform surgical “time out” with surgical operating team.

Description of Intra-Service Work: The patient is induced with general anesthesia with the surgeon present in the room due to the risk of airway obstruction. A tracheostomy is secured and performed. The surgeon then performs a direct laryngoscopy and bronchoscopy to evaluate the airway. A horizontal neck incision is made over the thyroid cartilage through the skin and platysma layers. Subplatysmal flaps are elevated to the hyoid superiorly and over the trachea inferiorly. The strap muscles are incised in the midline and separated. The thyroid gland is divided in the midline and retracted. The larynx is skeletonized with care taken to avoid major vessels and the recurrent laryngeal nerves. The entire larynx involved with the fracture is exposed; the interior of the larynx is opened in midline or through a fracture line. Intralaryngeal mucosal tears are sutured and grafted as necessary. The laryngeal skeletal fractures are fixed with suture, wire, or plating. An appropriately sized stent may need to be placed and secured with non-absorbable sutures. The wound is irA drain may be placed. The strap muscles are reapproximated in the midline. The skin and platysma are closed in layers. A nasogastric feeding tube is placed.

Description of Post-Service Work: Apply sterile dressings. Monitor patient during reversal of anesthesia. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Review immediate postoperative care with Post-Anesthesia Care Unit/ICU staff. Write postoperative orders. Discuss procedure and outcome with family in waiting area. Exam the patient to insure adequate breathing, oxygen saturation and absence of stridor. Write postoperative note. Dictate operative report and copy the referring physician. The physician then can leave the bedside to return 2-4 hours later for evaluation of breathing, presence of stridor and oxygen saturation. Post-operative chest x-ray is evaluated for feeding tube placement. Check wounds and monitor patient progress. Assess for airway patency, signs of respiratory distress, subcutaneous air and tolerance of feedings either PO or via feeding tube. Chart notes. Review patient management and tracheostomy care with nursing staff. Monitor overall medical condition of the patient including fluid and electrolyte balance, blood pressure, respiratory status and urinary function. Monitor neck incisions for signs of infection, hematoma, or seroma. Watch for signs of atelectasis. Ensure adequate swallowing and transition to oral feeds as appropriate. Answer patient and family questions and educate family regarding tracheostomy care. Answer nursing staff questions.

Discuss patient progress with ICU physician specifically use of inhaled and systemic steroids to prevent granulation tissue formation. Discuss patient progress with referring physician (verbal and written). Assure adequate level of pain control. Assure adequate feeding and swallowing. Remove drain prior to discharge if appropriate. Chart discharge instructions. Write orders for follow-up, post-discharge labs, imaging and home care. Write prescriptions for medications and supplies needed post-discharge. Review post-discharge wound care and activity limitations with patient and family. Dictate discharge summary. Dictate discharge letter to referring physician.

Examine patient, remove sutures and staples. Evaluate the patient for airway and voice related complaints, assess the voice by perceptual means, inspect the larynx. After applying topical anesthesia to the nasal cavity, perform flexible laryngoscopy. Change tracheostomy tube. Answer patient/family questions. Review pathology report. Assess for adequacy of pain control. Discuss advancing diet and daily activities. Discuss long-term scar management. Dictate progress notes for chart for each follow up visit

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Peter Manes, MD; Mark Courey, MD; Lawrence Simon, MD				
Specialty(s):	AAO-HNS				
CPT Code:	31584				
Sample Size:	1680	**Resp N:** 68	**Response:** 4.0 %		
Description of Sample:	Targeted Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	2.00	9.00
Survey RVW:	8.00	17.58	**20.00**	22.00	38.99
Pre-Service Evaluation Time:			**63.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	60.00	120.00	**120.00**	210.00	300.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	31584	**Recommended Physician Work RVU: 20.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
60260	090	18.26	**RUC Time**

CPT Descriptor Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
60240	090	15.04	**RUC Time**

CPT Descriptor Thyroidectomy, total or complete

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	19.68	**RUC Time**	6,259

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50546	090	21.87	**RUC Time**	2,018

CPT Descriptor 2 Laparoscopy, surgical; nephrectomy, including partial ureterectomy

Other Reference CPT Code	Global	Work RVU	Time Source
37660	090	22.28	**RUC Time**

CPT Descriptor Ligation of common iliac vein

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 13.2 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 11.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 31584	Top Key Reference CPT Code: 60260	2nd Key Reference CPT Code: **60240**
Median Pre-Service Time	58.00	60.00	72.00
Median Intra-Service Time	120.00	145.00	150.00
Median Immediate Post-service Time	30.00	30.00	40.00
Median Critical Care Time	70.0	0.00	0.00
Median Other Hospital Visit Time	60.0	60.00	0.00
Median Discharge Day Management Time	38.0	38.00	19.00
Median Office Visit Time	69.0	39.00	46.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**445.00**	**372.00**	**327.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.53	0.56
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.13	1.00
Urgency of medical decision making	0.87	0.44
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.93	0.78
Physical effort required	0.87	0.78

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.27	1.44
Outcome depends on the skill and judgment of physician	1.07	1.11
Estimated risk of malpractice suit with poor outcome	0.87	0.67

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.47	1.44

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey: In 2014, CPT code 31588 was captured by the RAW screen for 090 globals with more than 6 office visits and greater than 1000 utilization in 2012. In response, the Academy submitted an Action Plan for the April 2014 RUC meeting which recommended survey of the Laryngoplasty family of codes for the October 2014 RUC meeting. Upon further review, our experts recommended further modifications to the family of codes so the family was referred to CPT for the October 2014 meeting where new codes were added to the existing family. The codes were then surveyed for the January 2015 RUC meeting. The survey responses, however, revealed multiple issues with the revised code set. Most notably, that there was a significant difference in post operative visits and work following these procedures depending on whether the patient was an adult or a child. Based on this and other issues with the survey responses for the family, the Academy requested that the tab be removed from the January 2015 RUC agenda so that we could take the code set back to CPT to develop pediatric codes, where appropriate, within the family. That request was approved and the codes were again revised during the October 2015 CPT meeting. They are now being re-surveyed and presented to the RUC.

Survey Sample:
The survey data and recommendations are based upon a targeted, random sample of AAO-HNS members who have self-designated in the Academy member database as Laryngologists or Pediatric Otolaryngologists. This sample was approved by the Research Subcommittee. The total sample size was 1680 otolaryngologists.

Physician Time:

Pre-Service Time
Our expert panel selected pre-service package 4 (Difficult Patient/Difficult Procedure) for this family of codes based on the fact they are performed in the facility setting, under general anesthesia. We believe this qualifies as a "difficult procedure" and "difficult patient" based on the risk that is inherent in airway procedures. The physician must discuss airway management with anesthesiologist and review airway management with OR staff which is extremely time consuming. They must also verify that all required instruments and supplies, including laryngoscopy and bronchoscopy cart, are

available. We are recommending taking the lesser of the survey or the pre-time package. **Therefore, we recommend a pretime of 58 minutes.**

Intra-Service Time

We are recommending our survey time of 120 minutes for intra service work.

Post-Service Time

The expert panel selected post-package 9B (General Anesthesia or Complex Regional Block/Complex Procedure) for this code. They concluded that reducing the post service package time of 33 minutes down to the recommended survey time of 30 minutes was appropriate. **The expert panel recommends a post-service time of 30 minutes.**

Post Operative Visits

99291

The patient has a fresh tracheostomy, is on the ventilator and is sedated. The otolaryngologist, as well as the intensivist, are performing critical care work, including reviewing and assessing data such as chest x-ray, arterial blood gas and other laboratory values, adjusting ventilator settings, titrating sedation, determining need for blood and volume expanders and communicating with intensive care physicians, staff and family.

99232

Surgeon will need to do a wound check, check the chest x ray, check the graft harvest site, and check the neck for crepitus and infection. These patients have an unstable airway for the first 1-3 days after surgery. They need to be observed for signs of airway edema with continuous pulse oximetry. The surgeon will need to clinically assess the patients' safety for PO intake with a bedside swallow evaluation.

The physician changes this tracheostomy during this period. The physician also ensures patency of the tracheostomy during each visit, evaluating for any granulation tissue or obstruction distal to the tracheostomy.

99231 x2

The physician will need to monitor the wound and graft site for infection, crepitus, and the patient for breathing, oral intake, vocal communication ability and pain management. The visit includes reviewing a chest X-ray, auscultating the neck and chest, and closely monitoring vital signs. The physician evaluates for signs and symptoms of aspiration.

99213 x3

The surgeon will monitor the neck wound and graft site for infection and crepitus. Sutures are removed. The surgeon will evaluate the tracheotomy site and tracheotomy appliance. Patient's ability to care for tracheotomy will be assessed. Endoscopy will be performed though the tracheotomy to evaluate the lower airway for signs of crusting or infection as well as from above for position of the stent. The surgeon will assess the patient's PO intake through a clinical evaluation and observation of swallowing.

Physician Work RVU

Upon review of the survey results, the expert panel **recommends the survey median value for an RVW of 20.00**.

Compelling Evidence (Was approved by the Panel but is not needed with the median value).

Our expert panel recognizes that it is uncommon to recommend a value which exceeds the median, and in many cases, the 25th percentile, for physician work; however, for the new codes in this family which have been added to accurately capture the work associated with performing these major procedures on infants, we believe a recommendation of the 75th percentile work RVU is appropriate. This is based on compelling evidence that "the work involved in this procedure has significantly changed." Specifically, this code was revised to include the work of tracheostomy when performed which significantly changes the physician work involved in providing the service based on the bundling of that code (which was previously separately reportable) and the work of 31584. Further, this code did not have a vignette so it is unclear what description of the procedure was previously valued. Therefore, we believe an increase in value for the aforementioned reasons is appropriate.

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 31584, as they demonstrate relativity across the fee schedule.

Additional Reference Codes

CPT Code	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time	Time Source	Most Recent RUC Review	IWPUT
37660	Ligation of common iliac vein	090	22.28	60	120	25	397	RUC	Aug00	0.1125
43820	Gastrojejunostomy; without vagotomy	090	22.53	60	120	30	545	RUC	Aug05	0.0715

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31584 and 31600

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 33
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. We utilized the 2014 RUC database volume of 11 and multipled by three to project

the national volume. We estimate that the national volume is typically three times that of the Medicare volume for these services.

Specialty Otolaryngology Frequency 33 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the 2014 Medicare volume as listed in the RUC database.

Specialty Otolaryngology Frequency 11 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 31584

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:315X5 Tracking Number

Original Specialty Recommended RVU: **17.20**
Presented Recommended RVU: **17.20**
RUC Recommended RVU: **15.60**

Global Period: 090

CPT Descriptor: Laryngoplasty, medialization; unilateral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: a 62-year-old male presents with hoarseness and a weak cough, and he occasionally chokes on liquids. laryngoscopy reveals left vocal fold paralysis. He undergoes medialization laryngoplasty.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 92% , In the ASC 6%, In the office 1%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 15% , Overnight stay-less than 24 hours 74% , Overnight stay-more than 24 hours 11%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 25%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 26%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 3%

Description of Pre-Service Work: Discussion with patient and family regarding planned procedure and post-operative management; Review of imaging and laboratory values; Obtain informed consent; Discuss airway management and level of sedation with anesthesiologist; Review airway management with OR staff; Change into scrub clothes; Verify that all required instruments and supplies available; Monitor/assist with positioning of patient with placement of shoulder roll for neck extension; Mark planned incision; Decongest and anesthetize nasal cavity; Place flexible transnasal laryngoscope; Inject planned incision with local anesthetic and topical vasoconstrictor; Scrub preparation of neck; Surgeon scrub and gown; Draping of patient; Perform surgical “time out” with surgical operating team.

Description of Intra-Service Work: A horizontal skin incision is made over the cricothyroid membrane through the skin and platysma layers. Subplatysmal flaps are elevated to the hyoid superiorly and over the cricoid ring inferiorly. The strap muscles are incised in the midline and retracted laterally. The thyroid cartilage is rotated to better expose the side to be medialized and skeletonized to allow creation of an appropriately sized and positioned cartilage defect for insertion of material to medialze the vocal fold. Once the defect is created in the cartilage, gentle dissection inside the thyroid cartilage is performed in the paraglottic space to allow medialization of the vocal fold. The stent material, (Gortex ribbon, silastic, calcium hydroxyapatite or metal) is inserted through the cartilage defect. The vocal fold is medialized and the patient’s voice is tested to determine adequacy. In addition to perceptual analysis of voice, observation from a laryngoscope is used to guide the repositioning of the vocal fold and observe patterns of laryngeal closure during voice production. The stent or implant is sutured into position as required. The soft tissue is closed over the top of the thyroid cartilage defect. The strap muscles are reapproximated in the midline and the platysma and skin are closed in layers. A drain may be placed.

Description of Post-Service Work: Apply sterile dressings. Monitor patient during reversal of anesthesia. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and

nursing staff. Review immediate postoperative care with Post-Anesthesia Care Unit/ICU staff. Write postoperative orders. Discuss procedure and outcome with family in waiting area. Exam the patient to insure adequate breathing, oxygen saturation and absence of stridor, Write postoperative note. Dictate operative report and copy the referring physician. Examine patient, remove sutures and staples. Evaluate the patient for airway and voice related complaints, assess the voice by perceptual means, inspect the larynx. After applying topical anesthesia to the nasal cavity, perform flexible laryngoscopy. Answer patient/family questions. Assess for adequacy of pain control. Discuss advancing diet and daily activities with patient. Discuss long term scar management. Dictate progress notes for chart for each follow up visit

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016					
Presenter(s):	Peter Manes, MD; Mark Courey, MD; Lawrence Simon, MD					
Specialty(s):	AAO-HNS					
CPT Code:	315X5					
Sample Size:	1680	**Resp N:**	78	**Response:** 4.6 %		
Description of Sample:	Targeted Random Sample					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	3.00	**7.00**	20.00	60.00	
Survey RVW:	8.00	13.56	**17.20**	19.04	35.80	
Pre-Service Evaluation Time:			**45.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	10.00	79.00	**120.00**	150.00	300.00	
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	315X5	**Recommended Physician Work RVU: 15.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**28.00**	**28.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
60220	090	11.19	**RUC Time**

CPT Descriptor Total thyroid lobectomy, unilateral; with or without isthmusectomy

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
42420	090	19.53	**RUC Time**

CPT Descriptor Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
58150	090	17.31	**RUC Time**	8,347

CPT Descriptor 1 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
60500	090	15.60	**RUC Time**	14,939

CPT Descriptor 2 Parathyroidectomy or exploration of parathyroid(s);

Other Reference CPT Code	Global	Work RVU	Time Source
28446	090	17.71	**RUC Time**

CPT Descriptor Open osteochondral autograft, talus (includes obtaining graft[s])

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 12.8 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 10.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 315X5	Top Key Reference CPT Code: 60220	2nd Key Reference CPT Code: **42420**
Median Pre-Service Time	39.00	72.00	72.00
Median Intra-Service Time	120.00	90.00	180.00
Median Immediate Post-service Time	28.00	40.00	50.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	69.0	46.00	62.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**275.00**	**267.00**	**383.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.40	0.63
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.00	0.50
Urgency of medical decision making	0.00	-0.13
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.40	0.88
Physical effort required	0.00	0.50

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.20	0.38
Outcome depends on the skill and judgment of physician	0.40	0.63
Estimated risk of malpractice suit with poor outcome	-0.10	0.25

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.00	0.88

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey: In 2014, CPT code 31588 was captured by the RAW screen for 090 globals with more than 6 office visits and greater than 1000 utilization in 2012. In response, the Academy submitted an Action Plan for the April 2014 RUC meeting which recommended survey of the Laryngoplasty family of codes for the October 2014 RUC meeting. Upon further review, our experts recommended further modifications to the family of codes so the family was referred to CPT for the October 2014 meeting where new codes were added to the existing family. The codes were then surveyed for the January 2015 RUC meeting. The survey responses, however, revealed multiple issues with the revised code set. Most notably, that there was a significant difference in post operative visits and work following these procedures depending on whether the patient was an adult or a child. Based on this and other issues with the survey responses for the family, the Academy requested that the tab be removed from the January 2015 RUC agenda so that we could take the code set back to CPT to develop pediatric codes, where appropriate, within the family. That request was approved and the codes were again revised during the October 2015 CPT meeting. They are now being re-surveyed and presented to the RUC.

Survey Sample:
The survey data and recommendations are based upon a targeted, random sample of AAO-HNS members who have self-designated in the Academy member database as Laryngologists or Pediatric Otolaryngologists. This sample was approved by the Research Subcommittee. The total sample size was 1680 otolaryngologists.

Physician Time:

Pre-Service Time
Our expert panel selected pre-service package 2B (Difficult Patient/Straightforward Procedure (With sedation/anesthesia care)) for this family of codes based on the fact they are performed in the facility setting, under moderate sedation. While we do not agree that this is a "straightforward procedure" there is not a pre-service package using moderate sedation that indicates a "difficult procedure". We are recommending taking the lesser of the survey or the pre-time package.
Therefore, we recommend a pretime of 39 minutes.

Intra-Service Time
We are recommending our survey time of 120 minutes for intra service work.

Post-Service Time
The expert panel selected post-package 8B (IV Sedation/ Complex Procedure) for this code. They concluded that reducing the survey time to the package time of 28 minutes was appropriate. **The expert panel recommends a post-service time of 28 minutes.**

Post-Operative Visits
99213 x3
The surgeon will monitor the neck wound for infection. Clinical assessment of voice will be undertaken through patient history and auditory vocal assessment. Flexible laryngoscopy, not separately reportable, will be performed to evaluate the internal appearance of the larynx for contusion, hematoma, signs of infection and vocal fold position. The surgeon will assess the patient's PO intake through a clinical evaluation and observation of swallowing. If the patient exhibits excessive difficulty swallowing or continued difficult with voice production, then SLP evaluation and education will be initiated through referral.

Physician Work RVU
Upon review of the survey results, the expert panel **recommends a crosswalk to CPT 58544 Laparoscopy, surgical, supracervical hysterectomy with an RVW of 15.60 to value the X5 code. This is also nearly identical to existing value of 31588 and 31575 after the MPP reduction is taken into account.**

Compelling Evidence
Our expert panel is recommending an increased value for this new CPT code for several reasons. First, this code was created to provide more specificity and replaces the volume of the prior code, 31588, which was an unspecified code. We believe there is compelling evidence based on the fact that the current vignette for 31588 is flawed in that it describes an epiglottic flap for glottic stenosis after a vertical hemilaryngectomy which is does not represent the typical patient under the new code descriptor. Based on this, we believe there is compelling evidence to increase the value for this new code given that the prior code does not accurately describe the work involved in providing this procedure as better defined by the new X5 code.

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 3158X5, as they demonstrate relativity across the fee schedule.

Additional Reference Codes

CPT Code	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time	Time Source	Most Recent RUC Review	IWPUT
28446	Open osteochondral autograft, talus (includes obtaining graft[s])	090	17.71	65	120	15	339	RUC	Apr07	0.0909
21034	Excision of malignant tumor of maxilla or zygoma	090	17.38	60	120	25	365	RUC	Feb03	0.0793

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31588 and 31575

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3514
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This service was previously reported using 31588. We expect that approximately 95% of 31588's volume will be attributed to this new code, so we took 95% of the 2014 RUC database Medicare volume (1233) and multipled by three to project the national volume. We estimate that the national volume is typically three times that of the Medicaid volume for these services.

Specialty Otolaryngology Frequency 3514 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,172
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This service was previously reported using 31588. We expect that approximately 95% of 31588's volume will be attributed to this new code, so we took 95% of the 2014 RUC database Medicare volume (1233).

Specialty Otolaryngology Frequency 1172 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 31588

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:315X1 Tracking Number Original Specialty Recommended RVU: **23.22**
Presented Recommended RVU: **23.22**
Global Period: 090 RUC Recommended RVU: **21.50**

CPT Descriptor: Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 2-year-old child presents with subglottic stenosis and has been tracheostomy dependent since shortly after birth. laryngoplasty with graft, without stent placement is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 3% , Overnight stay-more than 24 hours 97%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 45%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 3%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Discussion with patient and family regarding planned procedure and post-operative management; Review of imaging and laboratory values; Obtain informed consent; Discuss airway management with anesthesiologist; Review airway management with OR staff; Change into scrub clothes; Verify that all required instruments and supplies, including laryngoscopy and bronchoscopy cart, are available; Monitor/assist with positioning of patient with placement of shoulder roll for neck extension; Mark planned incision; Inject planned incision with topical vasoconstrictor; Scrub preparation of neck; Surgeon scrub and gown; Draping of patient; Perform surgical “time out” with surgical operating team.

Description of Intra-Service Work: The child is induced with general anesthesia with the surgeon present in the room due to the risk of airway obstruction. The surgeon performs direct laryngoscopy and bronchoscopy to evaluate the airway, the tracheostomy tube is removed and the surgeon places the appropriate size endotracheal tube. A horizontal neck incision is made over the thyroid cartilage through the skin and platysma layers. Subplatysmal flaps are elevated to the hyoid superiorly and over the trachea inferiorly. The strap muscles are incised in the midline and separated. The thyroid is divided in the midline and retracted. The trachea and larynx are skeletonized with care taken to avoid major vessels and the recurrent laryngeal nerves. The lower portion of the larynx, the cricoid and the trachea are incised. Scar tissue in the lumen of the airway is resected as needed and rotational flaps used to cover as much of the exposed cartilage surface as possible. The graft is harvested either from the thyroid cartilage or through a separate incision. It is then contoured to fit into place expanding the airway lumen. The graft is sutured into place. A nasogastric feeding tube is placed. The patient is left intubated at the conclusion of the procedure. The strap muscles are reapproximated in the midline. The skin and platysma are closed in layers. A drain may be placed.

Description of Post-Service Work: Apply sterile dressings. Monitor patient during reversal of anesthesia. Monitor transport of patient from operating room to ICU. Discuss postoperative recovery care with anesthesia and nursing staff. Review immediate postoperative care with Post-Anesthesia Care Unit/ICU staff. Write postoperative orders. Discuss procedure and outcome with family in waiting area. Exam the patient to insure adequate breathing, oxygen saturation and absence of stridor. Write postoperative note. Dictate operative report and copy the referring physician. The physician then can leave the bedside to return 2-4 hours later for evaluation of the incision and to ensure that there is neither a hematoma nor subcutaneous air. Post-operative chest x-ray is evaluated for feeding tube placement. Check wounds and monitor patient progress. Assess for airway patency, signs of respiratory distress, subcutaneous air and tolerance of feedings either PO or via feeding tube. Chart notes. Review patient management with nursing staff. Monitor overall medical condition of the patient including fluid and electrolyte balance, blood pressure, respiratory status and urinary function. Monitor neck incisions for signs of infection, hematoma, or seroma. Watch for signs of atelectasis. Ensure adequate swallowing and transition to oral feeds as appropriate. Answer patient and family questions. Answer nursing staff questions.

Discuss patient progress with ICU physician specifically sedation protocols, ventilator settings as well as use of inhaled and systemic steroids to prevent granulation tissue formation. Discuss patient progress with referring physician (verbal and written). Assure adequate level of pain control. Assure adequate feeding and swallowing. Assess for signs of narcotic withdrawal given significant sedation during time in intensive care unit and initiate treatment as needed. Remove drain prior to discharge if appropriate. Chart discharge instructions. Write orders for follow-up, post-discharge labs, imaging and home care. Write prescriptions for medications and supplies needed post-discharge. Review post-discharge wound care and activity limitations with patient and family. Dictate discharge summary. Dictate discharge letter to referring physician.

Examine patient, remove sutures and staples. Evaluate the patient for airway and voice related complaints, assess the voice by perceptual means, inspect the larynx. After applying topical anesthesia to the nasal cavity, perform flexible laryngoscopy. Answer patient/family questions. Review pathology report. Assess for adequacy of pain control. Discuss advancing diet and daily activities. Discuss long term scar management. Dictate progress notes for chart for each follow up visit

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Peter Manes, MD; Mark Courey, MD; Lawrence Simon, MD		
Specialty(s):	AAO-HNS		
CPT Code:	315X1		
Sample Size:	319	**Resp N:** 31	**Response:** 9.7 %
Description of Sample:	Targeted Random Sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	4.00	10.00
Survey RVW:	8.00	18.50	**21.50**	24.00	35.00
Pre-Service Evaluation Time:			**80.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	90.00	135.00	**180.00**	240.00	300.00

Immediate Post Service-Time:	**35.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**210.00**	99291x **3.00** 99292x **0.00**
Other Hospital time/visit(s):	**100.00**	99231x **3.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	315X1	**Recommended Physician Work RVU: 21.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**33.00**	**33.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**210.00**	99231x **3.00** 99232x **1.00** 99233x **2.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
60252	090	22.01	**RUC Time**

CPT Descriptor Thyroidectomy, total or subtotal for malignancy; with limited neck dissection

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35231	090	21.16	**RUC Time**

CPT Descriptor Repair blood vessel with vein graft; neck

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50546	090	21.87	**RUC Time**	2,081

CPT Descriptor 1 Laparoscopy, surgical; nephrectomy, including partial ureterectomy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
60500	090	15.60	**RUC Time**	14,939

CPT Descriptor 2 Parathyroidectomy or exploration of parathyroid(s);

Other Reference CPT Code	Global	Work RVU	Time Source
43320	090	23.31	**RUC Time**

CPT Descriptor Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 8 **% of respondents:** 25.8 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 19.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 315X1	Top Key Reference CPT Code: 60252	2nd Key Reference CPT Code: **35231**
Median Pre-Service Time	58.00	60.00	60.00
Median Intra-Service Time	180.00	180.00	120.00
Median Immediate Post-service Time	33.00	30.00	30.00
Median Critical Care Time	70.0	0.00	0.00
Median Other Hospital Visit Time	210.0	100.00	95.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	69.0	62.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**658.00**	**470.00**	**343.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.38	1.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.63	0.50
Urgency of medical decision making	0.88	0.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.13	1.00
Physical effort required	1.38	1.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.50	1.33
Outcome depends on the skill and judgment of physician	1.25	1.00
Estimated risk of malpractice suit with poor outcome	0.88	0.83

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.63	1.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey: In 2014, CPT code 31588 was captured by the RAW screen for 090 globals with more than 6 office visits and greater than 1000 utilization in 2012. In response, the Academy submitted an Action Plan for the April 2014 RUC meeting which recommended survey of the Laryngoplasty family of codes for the October 2014 RUC meeting. Upon further review, our experts recommended further modifications to the family of codes so the family was referred to CPT for the October 2014 meeting where new codes were added to the existing family. The codes were then surveyed for the January 2015 RUC meeting. The survey responses, however, revealed multiple issues with the revised code set. Most notably, that there was a significant difference in post operative visits and work following these procedures depending on whether the patient was an adult or a child. Based on this and other issues with the survey responses for the family, the Academy requested that the tab be removed from the January 2015 RUC agenda so that we could take the code set back to CPT to develop pediatric codes, where appropriate, within the family. That request was approved and the codes were again revised during the October 2015 CPT meeting. They are now being re-surveyed and presented to the RUC.

Survey Sample:
The survey data and recommendations are based upon a targeted, random sample of AAO-HNS members who have self-designated in the Academy member database as Pediatric Otolaryngologists. This sample was approved by the Research Subcommittee. The total sample size was 319 otolaryngologists.

Physician Time:

Pre-Service Time
Our expert panel selected pre-service package 4 (Difficult Patient/Difficult Procedure) for this family of codes based on the fact they are performed in the facility setting, under general anesthesia. We believe this qualifies as a "difficult procedure" and "difficult patient" based on the risk that is inherent in airway procedures. The physician must discuss airway management with anesthesiologist and review airway management with OR staff which is extremely time consuming. They must also verify that all required instruments and supplies, including laryngoscopy and bronchoscopy cart, are

available. We are recommending taking the lesser of the survey or the pre-time package. **Therefore, we recommend a pretime of 58 minutes.**

Intra-Service Time
We are recommending our survey time of 180 minutes for intra service work.

Post-Service Time
The expert panel selected post-package 9B (General Anesthesia or Complex Regional Block/Complex Procedure) for this code. They concluded that reducing the survey time to the package time of 33 minutes was appropriate. **The expert panel recommends a post-service time of 33 minutes.**

Post operative Visit Descriptions
99291:
The patient is intubated and sedated. The otolaryngologist, as well as the intensivist, are performing critical care work, including reviewing and assessing data such as chest x-ray, arterial blood gas and other laboratory values, adjusting ventilator settings, titrating sedation, determining need for blood and volume expanders and communicating with intensive care physicians, staff and family.

99293 x2
The patient remains intubated and sedated in the intensive care unit. The otolaryngologist evaluates the neck for signs of graft dehiscence or wound infection, monitors sedation, evaluates laboratory values and vital signs, updates family and communicates with intensive care physicians and staff.

99232
Occurs in the immediate period after transfer from the ICU. Three main areas are being evaluated: breathing, feeding and narcotic withdrawal. The patients breathing must be closely monitored, including reviewing a chest X-ray, auscultating the neck and chest, and closely monitoring vital signs. Evaluate the wound for crepitus and infection. Nutrition is closely monitored as often swallowing is difficult. Last, most children go into an opiod withdrawal that requires methadone and close monitoring of vital signs and neurological status.

99231x3
Similar issues as in 99231, however, as the post-operative course progresses, the risks of graft failure decrease. The physician is checking their breathing, voice tone, and feeding every day. Evaluate the wound for crepitus and infection. They are managing the methadone taper and discussing the progress of treatment with the speech therapy and medical pediatrics teams. They are also reviewing the progress of the patient with the parents.

99213x3
Check breathing. Stridor frequently persists for several weeks post operatively. Edema can occur. If the child contracts an upper respiratory infection, the consequences can be dire. There is frequently a delay in resumption of normal diet. Physician will also review the progress of speech therapy and the progress of the methadone taper to get the child over their narcotic dependence. Evaluate the wound for crepitus and infection. The physician will also frequently need to discuss the care with the patient's pediatrician and speech therapist. A flexible laryngoscopy is also performed which is not separately reportable.

Physician Work RVU
Upon review of the survey results, the expert panel **recommends a value in accordance with the survey median value which is an RVW of 21.50**.

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 3158X1, as they demonstrate relativity across the fee schedule.

Additional Reference Codes

CPT Code	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time	Time Source	Most Recent RUC Review	IWPUT
43341	Esophagojejunostomy (without total gastrectomy); thoracic approach	090	24.23	90	180	60	770	RUC	Aug00	0.0166
43320	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach	090	23.31	90	180	30	740	RUC	Aug00	0.0152

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31582

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 191

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We utilized the 2009 RUC database Medicaid volume of 318 and multipled by three to project the national volume, as we typically estimate that the national volume is typically three times that of the Medicaid volume for these services. We then divided that by 5 among the five codes that replaced 31582 (X1-X4 and X6). (954/5 =191)

Specialty Otolaryngology Frequency 191 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is now a pediatric procedure and will not be reported in the Medicare population.

Specialty Otolaryngology Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 31582

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:315X3 Tracking Number Original Specialty Recommended RVU: **25.00**
Presented Recommended RVU: **25.00**
Global Period: 090 RUC Recommended RVU: **22.00**

CPT Descriptor: Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 3-year-old child presents with subglottic stenosis and has been tracheostomy dependent since shortly after birth. laryngoplasty with graft, with stent placement is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 3% , Overnight stay-more than 24 hours 97%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 45%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 3%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Discussion with patient and family regarding planned procedure and post-operative management; Review of imaging and laboratory values; Obtain informed consent; Discuss airway management with anesthesiologist; Review airway management with OR staff; Change into scrub clothes; Verify that all required instruments and supplies, including laryngoscopy and bronchoscopy cart, are available; Monitor/assist with positioning of patient with placement of shoulder roll for neck extension; Mark planned incision; Inject planned incision with topical vasoconstrictor; Scrub preparation of neck; Surgeon scrub and gown; Draping of patient; Perform surgical “time out” with surgical operating team.

Description of Intra-Service Work: The child is induced with general anesthesia with the surgeon present in the room due to the risk of airway obstruction. The tracheostomy tube is exchanged for an endotracheal tube placed through the tracheotomy. A direct laryngoscopy and bronchoscopy is performed to evaluate the airway. A horizontal neck incision is made over the thyroid cartilage through the skin and platysma layers. Subplatysmal flaps are elevated to the hyoid superiorly and over the trachea inferiorly. The strap muscles are incised in the midline and separated. The thyroid is divided in the midline and retracted. The trachea and larynx are skeletonized with care taken to avoid major vessels and the recurrent laryngeal nerves. The lower portion of the larynx, the cricoid and the trachea are incised. Scar tissue in the lumen of the airway is resected as needed and rotational flaps used to cover as much of the exposed cartilage surface as possible. The graft is harvested either from the thyroid cartilage or through a separate incision. It is then contoured to fit into place expanding the airway lumen. The graft is sutured into place. An appropriately sized stent is selected and placed into the airway to stent open the expanded airway. The stent is secured into place using non-absorbable sutures. The endotracheal tube is exchanged for a tracheostomy tube that is secured. A drain may be placed. The strap muscles are reapproximated in

the midline. The sutures of the stent are secured over a button beneath the skin. The skin and platysma are closed in layers. A nasogastric feeding tube is placed.

Description of Post-Service Work: Apply sterile dressings. Monitor patient during reversal of anesthesia. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Review immediate postoperative care with Post-Anesthesia Care Unit/ICU staff. Write postoperative orders. Discuss procedure and outcome with family in waiting area. Exam the patient to insure adequate breathing, oxygen saturation and absence of stridor. Write postoperative note. Dictate operative report and copy the referring physician. The physician then can leave the bedside to return 2-4 hours later for evaluation of the incision and to ensure that there is neither a hematoma nor subcutaneous air Post-operative chest x-ray is evaluated for feeding tube placement. Check wounds and monitor patient progress. Assess for airway patency, signs of respiratory distress, subcutaneous air and tolerance of feedings either PO or via feeding tube. Chart notes. Review patient management and tracheostomy care with nursing staff. Monitor overall medical condition of the patient including fluid and electrolyte balance, blood pressure, respiratory status and urinary function. Monitor neck incisions for signs of infection, hematoma, or seroma. Watch for signs of atelectasis. Ensure adequate swallowing and transition to oral feeds as appropriate. Answer patient and family questions and educate family regarding tracheostomy care. Answer nursing staff questions.

Discuss patient progress with ICU physician specifically use of inhaled and systemic steroids to prevent granulation tissue formation. Discuss patient progress with referring physician (verbal and written). Assure adequate level of pain control. Assure adequate feeding and swallowing. Remove drain prior to discharge if appropriate. Chart discharge instructions. Write orders for follow-up, post-discharge labs, imaging and home care. Write prescriptions for medications and supplies needed post-discharge. Review post-discharge wound care and activity limitations with patient and family. Dictate discharge summary. Dictate discharge letter to referring physician.

Examine patient, remove sutures and staples. Evaluate the patient for airway and voice related complaints, assess the voice by perceptual means, inspect the larynx. After applying topical anesthesia to the nasal cavity, perform flexible laryngoscopy. Change tracheostomy tube. Answer patient/family questions. Review pathology report. Assess for adequacy of pain control. Discuss advancing diet and daily activities. Discuss long-term scar management. Dictate progress notes for chart for each follow up visit.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Peter Manes, MD; Mark Courey, MD; Lawrence Simon, MD		
Specialty(s):	AAO-HNS		
CPT Code:	315X3		
Sample Size:	319	**Resp N:** 31	**Response:** 9.7 %
Description of Sample:	Targeted Random Sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	6.00	15.00
Survey RVW:	8.00	20.00	**22.00**	25.00	35.00
Pre-Service Evaluation Time:			**80.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	90.00	165.00	**180.00**	240.00	310.00

Immediate Post Service-Time:	**40.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**210.00**	99291x **3.00** 99292x **0.00**
Other Hospital time/visit(s):	**160.00**	99231x **0.00** 99232x **4.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	315X3	**Recommended Physician Work RVU: 22.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**33.00**	**33.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**270.00**	99231x **0.00** 99232x **4.00** 99233x **2.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
21558	090	21.58	**RUC Time**

CPT Descriptor Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
60252	090	22.01	**RUC Time**

CPT Descriptor Thyroidectomy, total or subtotal for malignancy; with limited neck dissection

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50546	090	21.87	**RUC Time**	2,081

CPT Descriptor 1 Laparoscopy, surgical; nephrectomy, including partial ureterectomy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,422

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
47711	090	25.90	**RUC Time**

CPT Descriptor Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 29.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 22.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 315X3	Top Key Reference CPT Code: 21558	2nd Key Reference CPT Code: **60252**
Median Pre-Service Time	58.00	72.00	60.00
Median Intra-Service Time	180.00	160.00	180.00
Median Immediate Post-service Time	33.00	30.00	30.00
Median Critical Care Time	70.0	0.00	0.00
Median Other Hospital Visit Time	270.0	100.00	100.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	69.0	102.00	62.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**718.00**	**502.00**	**470.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.89	0.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.89	1.43
Urgency of medical decision making	0.67	0.71
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.00	1.00
Physical effort required	0.67	1.14

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.11	1.29
Outcome depends on the skill and judgment of physician	1.11	1.29
Estimated risk of malpractice suit with poor outcome	0.89	1.00

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.44	1.71

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey: In 2014, CPT code 31588 was captured by the RAW screen for 090 globals with more than 6 office visits and greater than 1000 utilization in 2012. In response, the Academy submitted an Action Plan for the April 2014 RUC meeting which recommended survey of the Laryngoplasty family of codes for the October 2014 RUC meeting. Upon further review, our experts recommended further modifications to the family of codes so the family was referred to CPT for the October 2014 meeting where new codes were added to the existing family. The codes were then surveyed for the January 2015 RUC meeting. The survey responses, however, revealed multiple issues with the revised code set. Most notably, that there was a significant difference in post operative visits and work following these procedures depending on whether the patient was an adult or a child. Based on this and other issues with the survey responses for the family, the Academy requested that the tab be removed from the January 2015 RUC agenda so that we could take the code set back to CPT to develop pediatric codes, where appropriate, within the family. That request was approved and the codes were again revised during the October 2015 CPT meeting. They are now being re-surveyed and presented to the RUC.

Survey Sample:
The survey data and recommendations are based upon a targeted, random sample of AAO-HNS members who have self-designated in the Academy member database as Pediatric Otolaryngologists. This sample was approved by the Research Subcommittee. The total sample size was 319 otolaryngologists.

Physician Time:

Pre-Service Time
Our expert panel selected pre-service package 4 (Difficult Patient/Difficult Procedure) for this family of codes based on the fact they are performed in the facility setting, under general anesthesia. We believe this qualifies as a "difficult procedure" and "difficult patient" based on the risk that is inherent in airway procedures. The physician must discuss airway management with anesthesiologist and review airway management with OR staff which is extremely time consuming. They must also verify that all required instruments and supplies, including laryngoscopy and bronchoscopy cart, are

available. We are recommending taking the lesser of the survey or the pre-time package. **Therefore, we recommend a pretime of 58 minutes.**

Intra-Service Time

We are recommending our survey time of 180 minutes for intra service work.

Post-Service Time

The expert panel selected post-package 9B (General Anesthesia or Complex Regional Block/Complex Procedure) for this code. They concluded that reducing the survey time to the package time of 33 minutes was appropriate. **The expert panel recommends a post-service time of 33 minutes.**

Post-Service Operative Visits

99291:

The patient is intubated and sedated. The otolaryngologist, as well as the intensivist, are performing critical care work, including reviewing and assessing data such as chest x-ray, arterial blood gas and other laboratory values, adjusting ventilator settings, titrating sedation, determining need for blood and volume expanders and communicating with intensive care physicians, staff and family.

99233 x2

The patient remains intubated and sedated in the intensive care unit. The otolaryngologist evaluates the neck for signs of graft dehiscence or wound infection, monitors sedation, evaluates laboratory values and vital signs, updates family and communicates with intensive care physicians and staff.

99232 x4

Patient has a fresh tracheostomy. Patient is evaluated for breathing, feeding and narcotic withdrawal. The patients breathing must be closely monitored, including reviewing a chest X-ray, auscultating the neck and chest, and closely monitoring vital signs. Evaluate the wound for crepitus and infection. Nutrition is closely monitored as often swallowing is difficult. Last, most children go into an opiod withdrawal that requires methadone and close monitoring of vital signs and neurological status. The physician changes this tracheostomy during this period. The physician also ensures patency of the single lumen tracheostomy during each visit, evaluating for any granulation tissue or obstruction distal to the tracheostomy.

99213 x3

This is an extended length visit where we review how the patient has been doing at home. We will discuss trach care, remove sutures, review diet, speech (including considering a passy Muir valve), and breathing. We need to make sure that crusts are not forming in the stent that can migrate beneath the trach and cause an obstruction. We will be reviewing medications and wound/tracheostomy care with the family and parents. We will frequently need to talk to the child's pediatrician and review speech therapy records. School paperwork will need to be completed.

Physician Work RVU

Upon review of the survey results, the expert panel **recommends a value in accordance with the survey median for an RVW of 22.00**.

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 3158X3, as they demonstrate relativity across the fee schedule.

Additional Reference Codes

CPT Code	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time	Time Source	Most Recent RUC Review	IWPUT
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach	090	25.04	90	180	45	845	RUC	Aug00	-0.0063

47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic	090	25.9	75	180	45	670	RUC	Aug00	0.0546

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.
   3158X3 laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age
3. Global - 090 25 Pre -115 Intra- 180 Post- 33 Total Time - 829 MPRR: 100%
4. 31600 Tracheostomy, planned (separate procedure);
5. Global - 000 7.71 Pre- 50 Intra- 40 Post- 66 Total Time - 156 MPPR: 50%

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31582

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 191
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. We utilized the 2009 RUC database Medicaid volume of 318 and multipled by three to project the national volume, as we typically estimate that the national volume is typically three times that of the Medicaid volume for these services. We then divided that by 4 among the four codes that replaced 31582. (954/4 =238.5)

Specialty Otolaryngology Frequency 191 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is now a pediatric procedure and will not be reported in the Medicare database.

Specialty Otolaryngology Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 31582

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31587 Tracking Number Original Specialty Recommended RVU: **15.27**
Presented Recommended RVU: **15.27**
Global Period: 090 RUC Recommended RVU: **15.27**

CPT Descriptor: laryngoplasty, cricoid split, without graft placement

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: a neonate presents with intubation and difficult weaning from the ventilator. laryngoscopy reveals subglottic stenosis. laryngoplasty with cricoid split, without graft placement, is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 94% , In the ASC 0%, In the office 6%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 6% , Overnight stay-more than 24 hours 94%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 47%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 9%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 6%

Description of Pre-Service Work: Discussion with patient and family regarding planned procedure and post-operative management; Review of ventilator settings, imaging and laboratory values; Obtain informed consent; Discuss airway management with anesthesiologist; Review airway management with OR staff; Change into scrub clothes; Verify that all required instruments and supplies, including laryngoscopy and bronchoscopy cart, are available; Monitor/assist with positioning of patient with placement of shoulder roll for neck extension; Mark planned incision; Inject planned incision with topical vasoconstrictor; Scrub preparation of neck; Surgeon scrub and gown; Draping of patient; Perform surgical "time out" with surgical operating team.

Description of Intra-Service Work: An incision is made in the neck; dissection is carried out between the strap muscles; the trachea and larynx are identified; and an incision is made from approximately the first or second tracheal ring upwards through the cricoid cartilage and into the lower part of the thyroid cartilage but not into the anterior commissure of the vocal cords. Cases with more severe stenosis require splitting of the posterior part of the cricoid cartilage as well. A larger endotracheal tube is inserted, sutures are used to hold the edges of the split cartilages laterally and the wound is closed in layers

Description of Post-Service Work: Apply sterile dressings. Monitor patient during reversal of anesthesia. Monitor transport of patient from operating room to the ICU. Discuss postoperative recovery care with anesthesia and nursing staff. Review immediate postoperative care with ICU staff. Write postoperative orders. Discuss procedure and outcome with family in waiting area. Exam the patient to insure adequate breathing, oxygen saturation and absence of stridor. Write postoperative note. Dictate operative report and copy the referring physician. The physician then can leave the bedside to return 2-4 hours later for evaluation of the incision and to ensure that there is neither a hematoma nor subcutaneous air. Post-operative chest x-ray is evaluated for feeding tube placement. Check wounds and monitor patient progress. Assess for

airway patency, signs of respiratory distress, subcutaneous air and tolerance of feedings either PO or via feeding tube. Chart notes. Review patient management with nursing staff. Monitor overall medical condition of the patient including fluid and electrolyte balance, blood pressure, respiratory status and urinary function. Monitor neck incisions for signs of infection, hematoma, or seroma. Watch for signs of atelectasis. Ensure adequate swallowing and transition to oral feeds as appropriate. Answer patient and family questions. Answer nursing staff questions. Discuss patient progress with ICU physician specifically sedation protocols, ventilator settings as well as use of inhaled and systemic steroids to prevent granulation tissue formation. Discuss patient progress with referring physician (verbal and written). Assure adequate level of pain control. Assure adequate feeding and swallowing. Assess for signs of narcotic withdrawal given significant sedation during time in intensive care unit. Remove drain prior to discharge if appropriate. Chart discharge instructions. Write orders for follow-up, post-discharge labs, imaging and home care. Write prescriptions for medications and supplies needed post-discharge. Review post-discharge wound care and activity limitations with patient and family.

Examine patient, remove sutures and staples. Evaluate the patient for airway and voice related complaints, assess the voice by perceptual means, inspect the larynx. After applying topical anesthesia to the nasal cavity, perform flexible laryngoscopy. Answer patient/family questions. Review pathology report. Assess for adequacy of pain control. Discuss advancing diet and daily activities. Discuss long term scar management. Dictate progress notes for chart for each follow up visit

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Peter Manes, MD; Mark Courey, MD; Lawrence Simon, MD				
Specialty(s):	AAO-HNS				
CPT Code:	31587				
Sample Size:	319	**Resp N:**	34	**Response:** 10.6 %	
Description of Sample:	Targeted Random Sample				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**1.00**	2.00	25.00
Survey RVW:	8.00	15.70	**18.00**	20.75	30.00
Pre-Service Evaluation Time:			**65.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	10.00	60.00	**95.00**	150.00	300.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**210.00**	99291x **3.00** 99292x **0.00**
Other Hospital time/visit(s):	**100.00**	99231x **3.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	31587	**Recommended Physician Work RVU: 15.27**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**95.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**155.00**	99231x **3.00** 99232x **1.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
60240	090	15.04	**RUC Time**

CPT Descriptor Thyroidectomy, total or complete

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
60500	090	16.50	**RUC Time**

CPT Descriptor Parathyroidectomy or exploration of parathyroid(s);

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52601	090	15.26	**RUC Time**	46,675

CPT Descriptor 1 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
60500	090	15.60	**RUC Time**	14,939

CPT Descriptor 2 Parathyroidectomy or exploration of parathyroid(s);

Other Reference CPT Code	Global	Work RVU	Time Source
45562	090	17.98	**RUC Time**

CPT Descriptor Exploration, repair, and presacral drainage for rectal injury;

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 5 **% of respondents:** 14.7 **%**

Number of respondents who choose 2nd Key Reference Code: 3 **% of respondents:** 8.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 31587	Top Key Reference CPT Code: 60240	2nd Key Reference CPT Code: **60500**
Median Pre-Service Time	58.00	72.00	72.00
Median Intra-Service Time	95.00	150.00	120.00
Median Immediate Post-service Time	30.00	40.00	40.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	155.0	0.00	0.00
Median Discharge Day Management Time	38.0	19.00	19.00
Median Office Visit Time	69.0	46.00	62.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**445.00**	**327.00**	**313.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.20	0.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.20	1.00
Urgency of medical decision making	0.20	1.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	-0.40	1.00
Physical effort required	-0.20	1.33

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.40	0.67
Outcome depends on the skill and judgment of physician	0.20	0.67
Estimated risk of malpractice suit with poor outcome	-0.20	0.67

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.00	0.67

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey: In 2014, CPT code 31588 was captured by the RAW screen for 090 globals with more than 6 office visits and greater than 1000 utilization in 2012. In response, the Academy submitted an Action Plan for the April 2014 RUC meeting which recommended survey of the Laryngoplasty family of codes for the October 2014 RUC meeting. Upon further review, our experts recommended further modifications to the family of codes so the family was referred to CPT for the October 2014 meeting where new codes were added to the existing family. The codes were then surveyed for the January 2015 RUC meeting. The survey responses, however, revealed multiple issues with the revised code set. Most notably, that there was a significant difference in post operative visits and work following these procedures depending on whether the patient was an adult or a child. Based on this and other issues with the survey responses for the family, the Academy requested that the tab be removed from the January 2015 RUC agenda so that we could take the code set back to CPT to develop pediatric codes, where appropriate, within the family. That request was approved and the codes were again revised during the October 2015 CPT meeting. They are now being re-surveyed and presented to the RUC.

Survey Sample:
The survey data and recommendations are based upon a targeted, random sample of AAO-HNS members who have self-designated in the Academy member database as Pediatric Otolaryngologists. This sample was approved by the Research Subcommittee. The total sample size was 319 otolaryngologists.

Physician Time:

Pre-Service Time
Our expert panel selected pre-service package 4 (Difficult Patient/Difficult Procedure) for this family of codes based on the fact they are performed in the facility setting, under general anesthesia. We believe this qualifies as a "difficult procedure" and "difficult patient" based on the risk that is inherent in airway procedures. The physician must discuss airway management with anesthesiologist and review airway management with OR staff which is extremely time consuming. They must also verify that all required instruments and supplies, including laryngoscopy and bronchoscopy cart, are

available. We are recommending taking the lesser of the survey or the pre-time package. **Therefore, we recommend a pretime of 58 minutes.**

Intra-Service Time

We are recommending our survey time of 95 minutes for intra service work.

Post-Service Time

The expert panel selected post-package 9B (General Anesthesia or Complex Regional Block/Complex Procedure) for this code. They concluded that reducing the time to the lesser of the package time and the survey time was appropriate. **The expert panel recommends a post-service time of 30 minutes.**

Post-Operative Visits

99233

These procedures are only done on neonates who fail extubation in the NICU. They are the only patient population, and they spend their entire post-op course in the NICU (and if they are discharged, it is ultimately from the NICU). The first 5-7 post-op days involve reviewing sedation, positioning, ventilator settings, respiratory status, and medications in addition to reviewing a chest x-ray and examining the neck for crepitus, infection, and an air leak. The physician communicates with intensive care physicians, staff and family.

99232

This visit represents the day after extubation. The first day after extubation will involve reviewing chest X-ray and closely examine the neck for crepitus and checking respiratory status. The physician checks for Stridor, cyanosis and increased work of breathing. The physician monitors feeding status and discusses a feeding plan with speech therapy. The physician communicates with intensive care physicians, staff and family.

99231

The visits from post-extubation day 2 onward are usually less intense, but still involve reviewing a chest-X-ray and closely monitoring feeding and breathing status.

99213x3

Remove sutures. After discharge, will need to see weekly for several weeks to monitor breathing and feeding. Re-stenosis can occur for weeks to months following procedure. Evaluate the wound for crepitus and infection. The physician will also frequently need to discuss the care with the patient's pediatrician and speech therapist. A flexible laryngoscopy is performed at each visit, which is not separately reportable.

Physician Work RVU

Upon review of the survey results, the expert panel **recommends maintenance of existing value, which is below the 25th percentile, for an RVW of 15.27**.

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 31587, as they demonstrate relativity across the fee schedule.

Additional Reference Codes

CPT Code	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time	Time Source	Most Recent RUC Review	IWPUT
45562	Exploration, repair, and presacral drainage for rectal injury;	090	17.98	90	95	30	561	RUC	Aug00	0.0296
48510	External drainage, pseudocyst of pancreas, open	090	17.19	83	98	30	581	RUC	Aug00	0.013

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31587

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 45
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We utilized the 2014 RUC database Medicare volume of 15 and multipled by three to project the national volume. We estimate that the national volume is typically three times that of the Medicaid volume for these services.

Specialty Otolaryngology Frequency 45 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the 2014 Medicare volume as listed in the RUC database.

Specialty Otolaryngology Frequency 15 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 31587

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:315X6 Tracking Number

Original Specialty Recommended RVU: **30.00**
Presented Recommended RVU: **30.00**
RUC Recommended RVU: **25.00**

Global Period: 090

CPT Descriptor: Cricotracheal resection

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: a 5 year old child has been tracheotomy dependent since prolonged intubation after cardiac surgery. exam reveals normal vocal fold motion with high grade, long segment subglottic stenosis. He undergoes cricotracheal resection to remove the stenosis.

Percentage of Survey Respondents who found Vignette to be Typical: 70%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 98% , In the ASC 0%, In the office 2%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 43%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 9%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 6%

Description of Pre-Service Work: Discussion with patient and family regarding planned procedure and post-operative management; Review of imaging and laboratory values; Obtain informed consent; Discuss airway management with anesthesiologist; Review airway management with OR staff; Change into scrub clothes; Verify that all required instruments and supplies, including laryngoscopy and bronchoscopy cart, are available; Monitor/assist with positioning of patient with placement of shoulder roll for neck extension; Mark planned incision; Inject planned incision with topical vasoconstrictor; Scrub preparation of neck; Surgeon scrub and gown; Draping of patient; Perform surgical “time out” with surgical operating team.

Description of Intra-Service Work: The patient is induced with general anesthesia with the surgeon present in the room due to the risk of airway obstruction. The tracheostomy tube is exchanged for an endotracheal tube placed through the tracheotomy. A direct laryngoscopy and bronchoscopy is performed to evaluate the airway. A horizontal neck incision is made over the thyroid cartilage through the skin and platysma layers. Subplatysmal flaps are elevated to the hyoid superiorly and over the trachea inferiorly. The strap muscles are incised in the midline and separated. The thyroid is divided in the midline and retracted. The trachea and larynx are skeletonized with care taken to avoid major vessels and the recurrent laryngeal nerves. The lower portion of the larynx, the cricoid and the trachea are incised. The laryngotracheal complex is opened and the area of stenosis examined. The area of scar is excised, which may include the inferior aspect of the thyroid cartilage, the anterior cricoid cartilage, and the upper trachea, taking care not to enter the esophagus posteriorly. Endoscopy is performed as needed when making the airway incisions. De-nuded cartilage is covered by mucosa utilizing adjacent transfer flaps. The larynx is released superiorly, and the trachea is released inferiorly until the larynx and trachea can be connected in a tension free anastomosis. A drain may be placed. The strap muscles are reapproximated in the midline. The skin and platysma are closed in layers. A nasogastric feeding tube is placed

Description of Post-Service Work: Apply sterile dressings. Monitor patient during reversal of anesthesia. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Review immediate postoperative care with Post-Anesthesia Care Unit/ICU staff. Write postoperative orders. Discuss procedure and outcome with family in waiting area. Exam the patient to insure adequate breathing, oxygen saturation and absence of stridor. Write postoperative note. Dictate operative report and copy the referring physician. The physician then can leave the bedside to return 2-4 hours later for evaluation of the incision and to ensure that there is neither a hematoma or subcutaneous air. Post-operative chest x-ray is evaluated for feeding tube placement. Check wounds and monitor patient progress. Assess for airway patency, signs of respiratory distress, subcutaneous air and tolerance of feedings either PO or via feeding tube. Chart notes. Review patient management with nursing staff. Monitor overall medical condition of the patient including fluid and electrolyte balance, blood pressure, respiratory status and urinary function. Monitor neck incisions for signs of infection, hematoma, or seroma. Watch for signs of atelectasis. Ensure adequate swallowing and transition to oral feeds as appropriate. Answer patient and family questions. Answer nursing staff questions.

Discuss patient progress with ICU physician specifically sedation protocols, ventilator settings as well as use of inhaled and systemic steroids to prevent granulation tissue formation. Discuss patient progress with referring physician (verbal and written). Assure adequate level of pain control. Assure adequate feeding and swallowing. Assess for signs of narcotic withdrawal given significant sedation during time in intensive care unit and initiate treatment as needed. Remove drain prior to discharge if appropriate. Chart discharge instructions. Write orders for follow-up, post-discharge labs, imaging and home care. Write prescriptions for medications and supplies needed post-discharge. Review post-discharge wound care and activity limitations with patient and family. Dictate discharge summary. Dictate discharge letter to referring physician.

Examine patient, remove sutures and staples. Evaluate the patient for airway and voice related complaints, assess the voice by perceptual means, inspect the larynx. After applying topical anesthesia to the nasal cavity, perform flexible laryngoscopy. Answer patient/family questions. Review pathology report. Assess for adequacy of pain control. Discuss advancing diet and daily activities. Discuss long term scar management. Dictate progress notes for chart for each follow up visit

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Peter Manes, MD; Mark Courey, MD; Lawrence Simon, MD		
Specialty(s):	AAO-HNS		
CPT Code:	315X6		
Sample Size:	319	**Resp N:** 47	**Response:** 14.7 %
Description of Sample:	Targeted Random Sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	3.00	30.00
Survey RVW:	8.00	22.01	**25.00**	30.00	50.00
Pre-Service Evaluation Time:			**70.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	90.00	180.00	**240.00**	285.00	390.00

Immediate Post Service-Time:	**45.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**210.00**	99291x **3.00** 99292x **0.00**
Other Hospital time/visit(s):	**120.00**	99231x **0.00** 99232x **3.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	315X6	**Recommended Physician Work RVU: 25.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**240.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**33.00**	**33.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**230.00**	99231x **0.00** 99232x **3.00** 99233x **2.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
60252	090	22.01	**RUC Time**

CPT Descriptor Thyroidectomy, total or subtotal for malignancy; with limited neck dissection

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
42420	090	19.53	**RUC Time**

CPT Descriptor Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,422

CPT Descriptor 1 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33512	090	43.98	**RUC Time**	1,794

CPT Descriptor 2 Coronary artery bypass, vein only; 3 coronary venous grafts

Other Reference CPT Code	Global	Work RVU	Time Source
42845	090	32.56	**RUC Time**

CPT Descriptor Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 32 **% of respondents:** 68.0 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 10.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 315X6	Top Key Reference CPT Code: 60252	2nd Key Reference CPT Code: **42420**
Median Pre-Service Time	58.00	60.00	72.00
Median Intra-Service Time	240.00	180.00	180.00
Median Immediate Post-service Time	33.00	30.00	50.00
Median Critical Care Time	70.0	0.00	0.00
Median Other Hospital Visit Time	230.0	100.00	0.00
Median Discharge Day Management Time	38.0	38.00	19.00
Median Office Visit Time	69.0	62.00	62.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**738.00**	**470.00**	**383.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.10	0.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.13	0.40
Urgency of medical decision making	0.88	0.60
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.41	0.20
Physical effort required	1.09	0.40

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.53	0.10
Outcome depends on the skill and judgment of physician	1.38	0.80
Estimated risk of malpractice suit with poor outcome	0.88	0.80

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.69	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey: In 2014, CPT code 31588 was captured by the RAW screen for 090 globals with more than 6 office visits and greater than 1000 utilization in 2012. In response, the Academy submitted an Action Plan for the April 2014 RUC meeting which recommended survey of the Laryngoplasty family of codes for the October 2014 RUC meeting. Upon further review, our experts recommended further modifications to the family of codes so the family was referred to CPT for the October 2014 meeting where new codes were added to the existing family. The codes were then surveyed for the January 2015 RUC meeting. The survey responses, however, revealed multiple issues with the revised code set. Most notably, that there was a significant difference in post operative visits and work following these procedures depending on whether the patient was an adult or a child. Based on this and other issues with the survey responses for the family, the Academy requested that the tab be removed from the January 2015 RUC agenda so that we could take the code set back to CPT to develop pediatric codes, where appropriate, within the family. That request was approved and the codes were again revised during the October 2015 CPT meeting. They are now being re-surveyed and presented to the RUC.

Survey Sample:
The survey data and recommendations are based upon a targeted, random sample of AAO-HNS members who have self-designated in the Academy member database as Pediatric Otolaryngologists. This sample was approved by the Research Subcommittee. The total sample size was 319 otolaryngologists.

Physician Time:

Pre-Service Time
Our expert panel selected pre-service package 4 (Difficult Patient/Difficult Procedure) for this family of codes based on the fact they are performed in the facility setting, under general anesthesia. We believe this qualifies as a "difficult procedure" and "difficult patient" based on the risk that is inherent in airway procedures. The physician must discuss airway management with anesthesiologist and review airway management with OR staff which is extremely time consuming. They must also verify that all required instruments and supplies, including laryngoscopy and bronchoscopy cart, are

available. We are recommending taking the lesser of the survey or the pre-time package. **Therefore, we recommend a pretime of 58 minutes.**

Intra-Service Time

We are recommending our survey time of 240 minutes for intra service work.

Post-Service Time

The expert panel selected post-package 9B (General Anesthesia or Complex Regional Block/Complex Procedure) for this code. They concluded that reducing the survey time to the package time of 33 minutes was appropriate. **The expert panel recommends a post-service time of 33 minutes.**

Post-Operative Visits

99291

The patient is intubated and sedated. The otolaryngologist, as well as the intensivist, are performing critical care work, including reviewing and assessing data such as chest x-ray, arterial blood gas and other laboratory values, adjusting ventilator settings, titrating sedation, determining need for blood and volume expanders and communicating with intensive care physicians, staff and family.

99233 x2

The patient remains intubated and sedated in the intensive care unit. The otolaryngologist evaluates the neck for signs of graft dehiscence or wound infection, monitors sedation, evaluates laboratory values and vital signs, updates family and communicates with intensive care physicians and staff.

99232x3

Occurs in the immediate period after transfer from the ICU. Three main areas are being evaluated: breathing, feeding and narcotic withdrawal. The patients breathing must be closely monitored, including reviewing a chest X-ray, auscultating the neck and chest, and closely monitoring vital signs. Evaluate the wound for crepitus and infection. Nutrition is closely monitored as often swallowing is difficult. Last, most children go into an opiod withdrawal that requires methadone and close monitoring of vital signs and neurological status.

99213 x 3

Check breathing. Stridor frequently persists for several weeks post operatively. Edema can occur. If the child contracts an upper respiratory infection, the consequences can be dire. There is frequently a delay in resumption of normal diet. Physician will also review the progress of speech therapy and the progress of the methadone taper to get the child over their narcotic dependence. Evaluate the wound for crepitus and infection. The physician will also frequently need to discuss the care with the patient's pediatrician and speech therapist. A flexible laryngoscopy is also performed which is not separately reportable.

Physician Work RVU

Upon review of the survey results, the expert panel **recommends the survey median for an RVW of 25.00**.

Compelling Evidence

Our expert panel is recommending an increased value for this new CPT code for several reasons. First, this code was created to provide more specificity. Previously, there was not a clear code to report crichotracheal resection and while 31582 is used as a comparator for this new code on the summary of recommendation worksheet, it is not a true clinical comparison of work. Thus, we believe there is compelling evidence based on the fact that the current vignette for 31582 is flawed in that it describes a "2-year-old child who has anterior subglottic stenosis (70%). Surgical correction is accomplished with an autogenous costal cartilage graft. An Aboulker stent is also utilized" which does not represent the typical patient under the new code descriptor. Based on this, we believe there is compelling evidence to increase the value for this new code given that the prior code does not accurately describe the work involved in providing this procedure as better defined by the new X6 code.

The following table provides other RUC reviewed codes that are similar in time and work to provide additional support for the recommended value for CPT code 3158X6, as they demonstrate relativity across the fee schedule.

Additional Reference Codes

CPT Code	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Total Time	Time Source	Most Recent RUC Review	IWPUT
45136	Excision of ileoanal reservoir with ileostomy	090	30.82	40	240	30	783	RUC	Feb/Apr 01	0.0431
23220	Radical resection of tumor, proximal humerus	090	30.21	72	240	30	602	RUC	Feb09	0.078
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	090	32.56	95	240	40	825	RUC	Aug05	0.0559
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis	090	33.92	95	240	40	836	RUC	Aug05	0.0592

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31582 and 31588

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Otolaryngology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 377
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This service was previously reported usng 31582 and 31588. We believe 5% of the volume of 31588 will be attributed to this new code and 95% to the 3158X5 code. Thus, we multipled the 2014 RUC database Medicare volume of 1233 by .05 and then multipled by three to project the national volume, as we typically estimate that the national volume is typically three times that of the Medicaid volume for these services. For 31582, we utilized the 2009 RUC database Medicaid volume of 318 and multipled by three to project the national volume, as we typically estimate that the national volume is typically three times that of the Medicaid volume for these services. We then divided that by 5 among the five codes that replaced 31582 (X1-X4 and X6). (954/5 =191)

Specialty Otolaryngology Frequency 377 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 70 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This service was previously reported usng 31588. We believe 5% of the volume of 31588 will be attributed to this new code and 95% to the 3158X5 code. Thus, we multipled the 2014 RUC database Medicare volume of 1233 by .05, totaling 62. For 31582, we took the 2014 Medicare volume, as listed in the RUC database, and divided it by 5 as there are now 5 codes to describe the volume of former CPT code 31582. This results in 37/5 = 7.4, so we rounded to 8 for all codes which replace the volume of 31582.

Specialty Otolaryngology Frequency 70 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 31582

SS Rec Summary

ISSUE: Laryngoplasty **REVISED 1.15.16**

TAB: 9

ADULT PROCEDURES

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	
1st REF	60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection		0.071			22.01			470	60					180			30				2	1	1.0				2	1		
2nd REF	42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial		0.078			19.53			383	40	12	20			180			50						0.5				2	1		
CURRENT	31582	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy		0.037			23.22			654	45					210			27					8	1.0			2	2	3		
SVY	315X2	laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older	53	0.038	8.00	19.00	20.50	23.00	35.00	552	75	15	15	60	120	180	240	355	30	1			1	1	1.0				3			
REC	315X2			0.044			20.50			505	40	3	15			180			30	1			1	1	1.0				3			PKG 4/9B
1st REF	60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection		0.071			22.01			470	60					180			30				2	1	1.0				2	1		
2nd REF	21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or		0.068			21.58			502	40	12	20			160			30				2	1	1.0			1	2	1		
CURRENT	31582	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy		0.037			23.22			654	45					210			27					8	1.0			2	2	3		
SVY	315X4	laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older	52	0.039	8.00	19.38	22.00	25.00	35.00	587	75	15	15	60	120	195	240	500	30	1			1	2	1.0				3			
REC	315X4			0.044			22.00			540	40	3	15			195			30	1			1	2	1.0				3			PKG 4/9B
1st REF	60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a		0.078			18.26			372	60					145			30				1	1	1.0				1	1		
2nd REF	60240	Thyroidectomy, total or complete		0.068			15.04			327	40	12	20			150			40						0.5				2			
CURRENT	31584	Laryngoplasty; with open reduction of fracture		0.098			20.47			412	30		25			118			27					5.5	1.0					4		
CURRENT	31600	Tracheostomy, planned (separate procedure)		0.114			7.17			156	50	0	0			40			66													
SVY	31584	laryngoplasty; with open reduction and fixation (eg, plating) of fracture, includes tracheostomy, if performed	68	0.055	8.00	17.58	20.00	22.00	38.99	480	63	15	15	60	120	120	210	300	30	1			1	1	1.0				3			
REC	31584			0.062			20.00			445	40	3	15			120			30	1			1	1	1.0				3			PKG 4/9B
1st REF	60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy		0.071			11.19			267	40	12	20			90			40						0.5				2			
2nd REF	42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial		0.078			19.53			383	40	12	20			180			50						0.5				2	1		
CURRENT	31588	Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)		0.041			14.99			416	45					150			40									2	3	2		
CURRENT	31575	Laryngoscopy, flexible fiberoptic; diagnostic		0.090			1.10			28	5	5	5			8			5													
SVY	315X5	laryngoplasty, medialization; unilateral	78	0.091	8.00	13.56	17.20	19.04	35.80	332	45	15	15	10	79	120	150	300	30						1.0				3			
CROSSWALK	58544	Laparoscopy, surgical, supracervical hysterectomy		0.094			15.60			271	33	8	15			120			30						0.5				2			
REC	315X5	laryngoplasty, medialization; unilateral		0.089			15.60			275	33	1	5			120			28						0.5				3			PKG 2B/8B
1st REF	60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection		0.071			22.01			470	60					180			30				2	1	1.0				2	1		
2nd REF	69930	Cochlear device implantation, with or without mastoidectomy		0.067			17.73			387	60	15	20			180			30						0.5			1	1			
CURRENT	31580	Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal		0.020			14.66			480	60					120			30				2	3	1.0				4			
SVY	31580	laryngoplasty; for laryngeal web, with indwelling keel or stent insertion	57	0.043	8.00	14.60	17.00	21.16	35.00	432	55	15	15	30	90	120	180	390	30	1				1	1.0				3			
REC	31580			0.028			14.60			405	40	3	15			120			30	1				1	1.0				3			PKG 4/9B

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AF	AG	AH	AI	AJ	AT
16						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					
17	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	
46																																	
47																																	
48																																	
49	PEDIATRIC PROCEDURES																																
50						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office					
51	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	
52	1st REF	60240	Thyroidectomy, total or complete		0.068			15.04			327	40	12	20			150			40						0.5				2			
53	2nd REF	60500	Parathyroidectomy or exploration of parathyroid(s);		0.086			15.60			313	40	12	20			120			40						0.5				2	1		
54	CURRENT	31587	Laryngoplasty, cricoid split		-0.017			15.27			587	60					90			30				6	3	1.0				3			
55	SVY	31587	laryngoplasty, cricoid split, without graft placement	34	-0.086	8.00	15.70	18.00	20.75	30.00	672	65	15	15	10	60	95	150	300	30	3.5			1	3	1.0				3			
56	REC	31587			0.038			15.27			445	40	3	15			95			30			1	1	3	1.0				3			PKG 4/9B
57	1st REF	60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection		0.071			22.01			470	60					180			30				2	1	1.0				2	1		
58	2nd REF	35231	Repair blood vessel with vein graft; neck		0.121			21.16			343	60					120			30			1	1		1.0							
59	CURRENT	31582	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy		0.037			23.22			654	45					210			27					8	1.0			2	2	3		
60	SVY	315X1	laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age	31	-0.017	8.00	18.50	21.50	24.00	35.00	747	80	20	15	90	135	180	240	300	35	3			1	3	1.0				3			
61	REC	315X1			0.018			21.50			658	40	3	15			180			33	1		2	1	3	1.0				3			PKG 4/9B
62	1st REF	21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or		0.068			21.58			502	40	12	20			160			30				2	1	1.0			1	2	1		
63	2nd REF	60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection		0.071			22.01			470	60					180			30				2	1	1.0				2	1		
64	CURRENT	31582	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy		0.037			23.22			654	45					210			27					8	1.0			2	2	3		
65	SVY	315X3	laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age	31	-0.028	8.00	20.00	22.00	25.00	35.00	829	80	20	15	90	165	180	240	310	40	3			4		1.0				1	2			
66	REC	315X3			0.011			22.00			718	40	3	15			180			33	1		2	4		1.0				3			PKG 4/9B
67	1st REF	60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection		0.071			22.01			470	60					180			30				2	1	1.0				2	1		
68	2nd REF	42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial		0.078			19.53			383	40	12	20			180			50						0.5				2	1		
69	CURRENT	31582	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy		0.037			23.22			654	45					210			27					8	1.0			2	2	3		
70	SVY	315X6	cricotracheal resection	47	0.000	8.00	22.01	25.00	30.00	50.00	827	70	20	15	90	180	240	285	390	45	3			3		1.0				3			
71	REC	315X6			0.026			25.00			738	40	3	15			240			33	1		2	3		1.0				3			PKG 4/9B

Tab Number: 9

Issue: Laryngoplasty

Code(s): 31580-315X6

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	Peter Manes, MD
Specialty Society:	American Academy of Otolaryngology – Head and Neck Surgery
Date:	December 15, 2015

CPT Code: 31580-31588
Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptors:

31580 Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion

3158X1 Laryngoplasty, for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age

3158X2 Laryngoplasty,for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older

3158X3 Laryngoplasty, for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age

3158X4 Laryngoplasty,for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older

31584 Laryngoplasty, with open reduction and fixation (eg, plating) of fracture, includes tracheostomy, if performed

31587 Laryngoplasty, cricoid split, without graft placement

3158X5 Laryngoplasty, medialization; unilateral

3158X6 Cricotracheal resection

Global Period: 090 Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Our Society convened an expert panel of physicians made up of our RUC advisors and two laryngology experts (one of whom specializes in pediatric procedures) to review the practice expense inputs for these codes.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

The total facility time for codes 31580 and 3158X1-6 is increased over current comparator codes (note five of these codes are new and do not have a direct crosswalk under the MPFS). This is a result of the survey respondents indicating a full discharge management visit following these services, whereas only a half a discharge management visit was previously indicated.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Staff Time: *We believe that based on the survey responses there is reliable data to support that these procedures are associated with lengthy hospital stays, therefore, a full discharge management visit is justified.*

Changes to Supplies: *Of note, we reduced or removed many of the existing supply inputs for these codes. In the following instances, we increased or added supplies. Rationale for doing so is outlined below.*

- *Line 60 – we increased the incision care post op pack to include one for every post op visit for all codes where a tracheostomy tube is typical (31580, 3158X3, 3158X4, and 31584) as the staff needs to check the tube and sutures during each post op visit.*
- *Line 68 – added topical lidocaine for X5 which was previously omitted in error. This procedure includes using a scope post-operatively which requires the application of topical lidocaine.*
- *Line 74 – we added in this input for all codes with tracheostomy tubes as the staff need to clean out trach during each post op visit. They squirt saline down trach and suction any mucus.*
- *Line 75 – we added in this input for all codes tracheostomy tubes. It is used to deal with granulation tissue that builds around the stoma.*
- *Lines 81-83 – we increased the units from one to 3 for all codes with tracheostomy tubes for the same reasons as stated above.*
- *Line 86 – we added a tongue depressor for all codes as this is necessary to perform an exam of the throat.*

Changes to Equipment*:*

- *For codes where a tracheostomy tube is typical, a new halogen light source has been included (and invoice submitted) as this is the standard light source utilized to evaluate and assess the tube and clean it.*
- *Lines 94 and 95: For code 31587, a fiberoptic light source was previously indicated with no accompanying recording system. This was an error, so we have added a video system and a fiberscope to correct this.*
- *Line 98 – a basic instrument pack has been added for all codes as items such as a nasal speculum, forceps, otoscope and scissors were previously omitted from the PE for these services.*

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Staff undertake the following activities: complete preservice diagnostic and referral forms, coordinate pre-surgery services, schedule space and equipment in the facility, provide pre-service education and obtain consent, conduct follow up phone calls and prescriptions. For codes where a tracheostomy tube is also typical (31580, 3158X3, 3158X4, 31584), stoma education is conducted with the patient prior to the procedure.

Intra-Service Clinical Labor Activities:

The only intraservice activity for these codes is the discharge management visit, as they are facility based services.

Post-Service Clinical Labor Activities:

Staff perform three post operative visits for all codes in this family following the procedures. For all codes except 3158X3, the three post op visits are 99213. For X3, the visits are two 99213 and one 99214.

CPT Code: 31580-31588
Specialty Society('s) AAO-HNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non-Facility Direct Inputs

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3158X4 Laryngoplasty,for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1				REFERENCE CODE				REFERENCE CODE									
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code #**		**CPT Code #**		**CPT Code #**		**CPT Code #**		**CPT Code #**		**CPT Code #**		**CPT Code #**	
3	**Meeting Date: REVISED 1.15.16 January 2016** **Tab: 9** **Specialty: Laryngoplasty**	**CMS Code**	**Staff Type**	31580 Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal		31580 Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion		31582 Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy		3158X1 for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age		3158X2 for laryngeal stenosis, with graft, without indwelling stent placement, age 12 or over		3158X3 for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age		3158X4 for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**215.0**	**0.0**	**300.0**	**0.0**	**330.0**	**0.0**	**300.0**	**0.0**	**300.0**	**0.0**	**300.0**	**0.0**	**300.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**65.0**	**0.0**	**60.0**	**0.0**	**65.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**6.0**	**0.0**	**132.0**	**0.0**	**6.0**	**0.0**	**132.0**	**0.0**	**132.0**	**0.0**	**132.0**	**0.0**	**132.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**144.0**	**0.0**	**108.0**	**0.0**	**259.0**	**0.0**	**108.0**	**0.0**	**108.0**	**0.0**	**108.0**	**0.0**	**108.0**
10	**PRE-SERVICE**																
11	**Start: Following visit when decision for surgery or procedure made**																
12	Complete pre-service diagnostic & referral forms				**5**		**5**		**5**		**5**		**5**		**5**		**5**
13	Coordinate pre-surgery services				**20**		**20**		**20**		**20**		**20**		**20**		**20**
14	Schedule space and equipment in facility				**8**		**8**		**8**		**8**		**8**		**8**		**8**
15	Provide pre-service education/obtain consent				**20**		**20**		**20**		**20**		**20**		**20**		**20**
16	Follow-up phone calls & prescriptions				**7**		**7**		**7**		**7**		**7**		**7**		**7**
17	Other Clinical Activity - *specify: Stoma Education*				**5**		**0**		**5**		**0**		**0**		**0**		**0**
18	**End: When patient enters office/facility for surgery/procedure**																
19	**SERVICE PERIOD**																
20	**Start: When patient enters office/facility for surgery/procedure:**																
21	Greet patient, provide gowning, ensure appropriate medical records are available																
22	Obtain vital signs																
23	Provide pre-service education/obtain consent																
24	Prepare room, equipment, supplies																
25	Setup scope (non facility setting only)																
26	Prepare and position patient/ monitor patient/ set up IV																
27	Sedate/apply anesthesia																
28	Other Clinical Activity - specify:																
29	**Intra-service**																
30	Assist physician in performing procedure																
31	Assist physician/moderate sedation (% of physician time)																
32	**Post-Service**																
33	Monitor pt. following moderate sedation																
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)																
35	Clean room/equipment by physician staff																
36	Clean Scope						**90**				**90**		**90**		**90**		**90**
37	Clean Surgical Instrument Package						**30**				**30**		**30**		**30**		**30**
38	Complete diagnostic forms, lab & X-ray requisitions																
39	Review/read X-ray, lab, and pathology reports																
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions																
41	Other Clinical Activity - *specify:*																
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**6**	**n/a**		**n/a**	**6**	**n/a**		**n/a**		**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	**12**	**n/a**		**n/a**	**12**	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**																

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1				REFERENCE CODE				REFERENCE CODE									
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code #**		**CPT Code #**		**CPT Code #**		**CPT Code #**		**CPT Code #**		**CPT Code #**		**CPT Code #**	
3	**Meeting Date: REVISED 1.15.16 January 2016** **Tab: 9** **Specialty: Laryngoplasty**	**CMS Code**	**Staff Type**	31580 Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal		31580 Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion		31582 Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy		3158X1 for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age		3158X2 for laryngeal stenosis, with graft, without indwelling stent placement, age 12 or over		3158X3 for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age		3158X4 for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
46	**POST-SERVICE Period**																
47	**Start: Patient leaves office/facility**																
48	Conduct phone calls/call in prescriptions																
49	***Office visits: List Number and Level of Office Visits***	L037D	RN/LPN/MTA	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16														
51	99212 27 minutes		27						**3**								
52	99213 36 minutes		36		**4**	**0**	**3**		**2**		**3**		**3**		**3**		**3**
53	99214 53 minutes		53						**2**								
54	99215 63 minutes		63														
55	**Total Office Visit Time**			**0.0**	**144.0**	**0.0**	**108.0**	**0.0**	**259.0**	**0.0**	**108.0**	**0.0**	**108.0**	**0.0**	**108.0**	**0.0**	**108.0**
56	Other Clinical Activity - *specify:*																
57	**End: with last office visit before end of global period**																
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**														
59	pack, minimum multi-specialty visit	SA048	pack		**4**		**3**		**7**		**3**		**3**		**3**		**3**
60	pack, post-op incision care (suture & staple)	SA053	pack		**1**		**1**		**1**		**1**		**1**		**1**		**1**
61	pack, cleaning, surgical instruments	SA043	pack		**NEW**		**3**		**NEW**		**3**		**3**		**3**		**3**
62	~~gloves, non-sterile~~	~~SB022~~	~~pair~~		~~**3**~~		~~**0**~~		~~**6**~~		~~**0**~~		~~**0**~~		~~**0**~~		~~**0**~~
63	gown, staff, impervious	SB027	item		**4**		**3**		**7**		**1**		**1**		**3**		**3**
64	mask, surgical, with face shield	SB034	item		**4**		**3**		**7**		**1**		**1**		**3**		**3**
65	underpad 2ftx3ft (Chux)	SB044	item		**4**		**3**		**7**		**1**		**1**		**3**		**3**
66	drape-towel, sterile 18inx26in	SB019	item		**4**		**3**		**7**		**1**		**1**		**3**		**3**
67	basin, emesis	SJ010	item		**4**		**3**		**7**		**1**		**1**		**3**		**3**
68	gauze, sterile 4in x 4in	SG055	item		**8**		**3**		**14**		**0**		**0**		**3**		**3**
69	lidocaine 4% soln, topical (Xylocaine)	SH050	ml		**20**		**10**		**35**		**6**		**10**		**6**		**10**
70	Cetacaine spray (56gm size bottle)	SJ012	gm		**4**		**0**		**7**		**0**		**0**		**0**		**0**
71	~~lidocaine 1% w-epi inj (Xylocaine w-epi)~~	~~SH046~~	~~ml~~		~~**5**~~		~~**0**~~		~~**5**~~		~~**0**~~		~~**0**~~		~~**0**~~		~~**0**~~
72	~~needle, OSHA compliant (SafetyGlide)~~	~~SC058~~	~~item~~		~~**2**~~		~~**2**~~		~~**2**~~		~~**2**~~		~~**2**~~		~~**2**~~		~~**2**~~
73	~~syringe 5-6ml~~	~~SC057~~	~~item~~		~~**1**~~		~~**1**~~		~~**1**~~		~~**1**~~		~~**1**~~		~~**1**~~		~~**1**~~
74	cottonoid	SG031	item		**12**		**12**		**21**		**12**		**12**		**12**		**12**
75	sodium chloride 0.9% inj (10ml uou)	SH066	item		**NEW**		**6**		**NEW**		**0**		**0**		**6**		**6**
76	silver nitrate applicator	SJ046	item		**NEW**		**1**		**NEW**		**0**		**0**		**1**		**1**
77	catheter, suction	SD031	item		**4**		**3**		**7**		**0**		**0**		**3**		**3**
78	tubing, suction, non-latex (6ft uou)	SD132	item		**4**		**3**		**7**		**0**		**0**		**3**		**3**
79	~~catheter, straight~~	~~SD030~~	~~item~~		~~**4**~~		~~**3**~~		~~**7**~~		~~**3**~~		~~**3**~~		~~**3**~~		~~**3**~~
80	hydrogen peroxide	SJ028	ml		**20**		**10**		**20**		**10**		**10**		**10**		**10**
81	bacitracin oint (0.9gm uou)	SJ007	item		**10**		**3**		**10**		**3**		**3**		**3**		**3**
82	tracheostomy dressing	SG091	item		**1**		**3**		**1**		**0**		**0**		**3**		**3**
83	tracheostomy tube	SD209	item		**1**		**3**		**1**		**0**		**0**		**3**		**3**
84	tracheostomy collar-neckband	SG090	item		**1**		**3**		**1**		**0**		**0**		**3**		**3**
85	prosthesis, voice button (Blom-Singer)	SD195	item				**0**				**0**		**0**		**0**		**0**
86	pack, cleaning and disinfecting, endoscope	SA042	pack		**4**		**3**		**7**		**3**		**3**		**3**		**3**
87	tongue depressor	SJ061	item		**NEW**		**3**		**NEW**		**3**		**3**		**3**		**3**
88	**EQUIPMENT - all POVs**	**Code**															
89	light, fiberoptic headlight w-source	EQ170			**4**		**108**		**7**		**108**		**108**		**108**		**108**
90	chair with headrest, exam, reclining	E11011			**4**		**108**		**7**		**108**		**108**		**108**		**108**
91	suction and pressure cabinet, ENT (SMR)	E3001			**4**		**108**		**7**		**108**		**108**		**108**		**108**
92	~~light source, xenon~~	~~EQ167~~			~~**NEW**~~		~~**108**~~		~~**NEW**~~		~~**108**~~		~~**108**~~		~~**108**~~		~~**108**~~
93	~~fiberscope, flexible, rhinolaryngoscopy~~	~~ES020~~			~~**4**~~		~~**198**~~		~~**4**~~		~~**198**~~		~~**198**~~		~~**198**~~		~~**198**~~
94	~~video system, endoscopy (processor, digital capture, monitor, printer, cart)~~	~~ES031~~			~~**4**~~		~~**108**~~		~~**4**~~		~~**108**~~		~~**108**~~		~~**108**~~		~~**108**~~
95	instrument pack, basic ($500-$1499)	EQ137			**NEW**		**138**		**NEW**		**138**		**138**		**138**		**138**
96	**endoscope disinfector, rigid or fiberoptic, w-cart**	**ES005**			**NEW**		**90**		**NEW**		**90**		**90**		**90**		**90**
97	**Video-flexible laryngoscope system**	**NEW**			**NEW**		**198**		**NEW**		**198**		**198**		**198**		**198**

	A	B	C	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code #**		**CPT Code #**		**CPT Code #**		**CPT Code #**		**CPT Code #**		**CPT Code #**		**CPT Code #**		**CPT Code #**	
3	**Meeting Date: REVISED 1.15.16 January 2016** **Tab: 9** **Specialty: Laryngoplasty**	**CMS Code**	**Staff Type**	31584 Laryngoplasty; with open reduction of fracture		31584 with open reduction and fixation (eg, plating) of fracture, includes tracheostomy, if performed		31587 Laryngoplasty, cricoid split		31587 Laryngoplasty, cricoid split, without graft placement		31588 Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)		3158X5 Laryngoplasty, medialization; unilateral		31582 Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy		3158X6 Crichotracheal resection	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**185.0**	**0.0**	**240.0**	**0.0**	**180.0**	**0.0**	**300.0**	**0.0**	**339.0**	**0.0**	**294.0**	**0.0**	**330.0**	**0.0**	**300.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**65.0**	**0.0**	**0.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**65.0**	**0.0**	**60.0**	**0.0**	**65.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**12.0**	**0.0**	**132.0**	**0.0**	**12.0**	**0.0**	**132.0**	**0.0**	**6.0**	**0.0**	**126.0**	**0.0**	**6.0**	**0.0**	**132.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**108.0**	**0.0**	**108.0**	**0.0**	**108.0**	**0.0**	**108.0**	**0.0**	**268.0**	**0.0**	**108.0**	**0.0**	**259.0**	**0.0**	**108.0**
10	**PRE-SERVICE**																		
11	**Start: Following visit when decision for surgery or procedure made**																		
12	Complete pre-service diagnostic & referral forms				**5**		**0**		**5**		**5**		**5**		**5**		**5**		**5**
13	Coordinate pre-surgery services				**20**		**0**		**20**		**20**		**20**		**20**		**20**		**20**
14	Schedule space and equipment in facility				**8**		**0**		**8**		**8**		**8**		**8**		**8**		**8**
15	Provide pre-service education/obtain consent				**20**		**0**		**20**		**20**		**20**		**20**		**20**		**20**
16	Follow-up phone calls & prescriptions				**7**		**0**		**7**		**7**		**7**		**7**		**7**		**7**
17	Other Clinical Activity - *specify: Stoma Education*				**5**		**0**				**0**		**5**		**0**		**5**		**0**
18	**End: When patient enters office/facility for surgery/procedure**																		
19	**SERVICE PERIOD**																		
20	**Start: When patient enters office/facility for surgery/procedure:**																		
21	Greet patient, provide gowning, ensure appropriate medical records are available																		
22	Obtain vital signs																		
23	Provide pre-service education/obtain consent																		
24	Prepare room, equipment, supplies																		
25	Setup scope (non facility setting only)																		
26	Prepare and position patient/ monitor patient/ set up IV																		
27	Sedate/apply anesthesia																		
28	Other Clinical Activity - specify:																		
29	**Intra-service**																		
30	Assist physician in performing procedure																		
31	Assist physician/moderate sedation (% of physician time)																		
32	**Post-Service**																		
33	Monitor pt. following moderate sedation																		
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)																		
35	Clean room/equipment by physician staff																		
36	Clean Scope						**90**				**90**				**90**				**90**
37	Clean Surgical Instrument Package						**30**				**30**				**30**				**30**
38	Complete diagnostic forms, lab & X-ray requisitions																		
39	Review/read X-ray, lab, and pathology reports																		
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions																		
41	Other Clinical Activity - *specify:*																		
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**12**	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**	**n/a**		**n/a**		**n/a**		**n/a**	**12**
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**																		

	A	B	C	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code #**		**CPT Code #**		**CPT Code #**		**CPT Code #**		**CPT Code #**		**CPT Code #**		**CPT Code #**		**CPT Code #**	
3	**Meeting Date: REVISED 1.15.16 January 2016** **Tab: 9** **Specialty: Laryngoplasty**	**CMS Code**	**Staff Type**	31584 Laryngoplasty; with open reduction of fracture		31584 with open reduction and fixation (eg, plating) of fracture, includes tracheostomy, if performed		31587 Laryngoplasty, cricoid split		31587 Laryngoplasty, cricoid split, without graft placement		31588 Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)		3158X5 Laryngoplasty, medialization; unilateral		31582 Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy		3158X6 Crichotracheal resection	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
46	**POST-SERVICE Period**																		
47	**Start: Patient leaves office/facility**																		
48	Conduct phone calls/call in prescriptions																		
49	***Office visits: List Number and Level of Office Visits***	L037D	RN/LPN/MTA	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16																
51	99212 27 minutes		27		**4**								**2**				**3**		
52	99213 36 minutes		36				**3**		**3**		**3**		**3**		**3**		**2**		**3**
53	99214 53 minutes		53										**2**				**2**		
54	99215 63 minutes		63																
55	**Total Office Visit Time**			**0.0**	**108.0**	**0.0**	**108.0**	**0.0**	**108.0**	**0.0**	**108.0**	**0.0**	**268.0**	**0.0**	**108.0**	**0.0**	**259.0**	**0.0**	**108.0**
56	Other Clinical Activity - *specify:*																		
57	**End: with last office visit before end of global period**																		
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**																
59	pack, minimum multi-specialty visit	SA048	pack		**4**		**3**		**3**		**3**		**7**		**3**		**7**		**3**
60	pack, post-op incision care (suture & staple)	SA053	pack		**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**
61	pack, cleaning, surgical instruments	SA043	pack		**NEW**		**3**		**NEW**		**3**		**NEW**		**3**		**NEW**		**3**
62	~~gloves, non-sterile~~	~~SB022~~	~~pair~~		~~**3**~~		~~**0**~~		~~**2**~~		~~**0**~~		~~**2**~~		~~**0**~~		~~**6**~~		~~**0**~~
63	gown, staff, impervious	SB027	item		**4**		**3**		**3**		**1**		**3**		**1**		**7**		**1**
64	mask, surgical, with face shield	SB034	item		**4**		**3**		**3**		**1**		**3**		**1**		**7**		**1**
65	underpad 2ftx3ft (Chux)	SB044	item		**4**		**3**		**3**		**1**		**3**		**1**		**7**		**1**
66	drape-towel, sterile 18inx26in	SB019	item		**4**		**3**		**3**		**1**		**3**		**1**		**7**		**1**
67	basin, emesis	SJ010	item		**4**		**3**		**3**		**1**		**3**		**1**		**7**		**1**
68	gauze, sterile 4in x 4in	SG055	item		**8**		**3**		**6**		**0**		**6**		**0**		**14**		**0**
69	lidocaine 4% soln, topical (Xylocaine)	SH050	ml		**20**		**10**		**15**		**10**		**NEW**		**10**		**35**		**10**
70	Cetacaine spray (56gm size bottle)	SJ012	gm		**4**		**0**		**3**		**0**		**0**		**0**		**7**		**0**
71	~~lidocaine 1% w-epi inj (Xylocaine w-epi)~~	~~SH046~~	~~ml~~		~~**5**~~		~~**0**~~		~~**5**~~		~~**0**~~						~~**5**~~		~~**0**~~
72	~~needle, OSHA compliant (SafetyGlide)~~	~~SC058~~	~~item~~		~~**2**~~		~~**2**~~		~~**2**~~		~~**2**~~				~~**0**~~		~~**2**~~		~~**2**~~
73	~~syringe 5-6ml~~	~~SC057~~	~~item~~		~~**1**~~		~~**1**~~		~~**1**~~		~~**1**~~		~~**1**~~		~~**1**~~		~~**1**~~		~~**1**~~
74	cottonoid	SG031	item		**12**		**12**		**9**		**12**				**0**		**21**		**12**
75	sodium chloride 0.9% inj (10ml uou)	SH066	item		**NEW**		**6**				**0**		**6**		**0**				**0**
76	silver nitrate applicator	SJ046	item		**NEW**		**1**		**0**		**0**		**0**		**0**		**0**		**0**
77	catheter, suction	SD031	item		**4**		**3**		**3**		**0**		**3**		**0**		**7**		**0**
78	tubing, suction, non-latex (6ft uou)	SD132	item		**4**		**3**		**6**		**0**		**3**		**0**		**7**		**0**
79	~~catheter, straight~~	~~SD030~~	~~item~~		~~**4**~~		~~**3**~~		~~**6**~~		~~**3**~~		~~**3**~~		~~**3**~~		~~**7**~~		~~**3**~~
80	hydrogen peroxide	SJ028	ml		**10**		**10**		**10**		**10**		**NEW**		**10**		**20**		**10**
81	bacitracin oint (0.9gm uou)	SJ007	item		**5**		**3**		**5**		**3**		**1**		**3**		**10**		**3**
82	tracheostomy dressing	SG091	item		**1**		**3**				**0**		**1**		**0**		**1**		**0**
83	tracheostomy tube	SD209	item		**1**		**3**				**0**		**1**		**0**		**1**		**0**
84	tracheostomy collar-neckband	SG090	item		**1**		**3**				**0**		**1**		**0**		**1**		**0**
85	prosthesis, voice button (Blom-Singer)	SD195	item				**0**				**0**				**0**				**0**
86	pack, cleaning and disinfecting, endoscope	SA042	pack		**4**		**3**		**NEW**		**3**		**1**		**3**		**7**		**3**
87	tongue depressor	SJ061	item		**NEW**		**3**		**NEW**		**3**		**NEW**		**3**		**NEW**		**3**
88	**EQUIPMENT - all POVs**	**Code**																	
89	light, fiberoptic headlight w-source	EQ170			**4**		**108**		**3**		**108**		**7**		**108**		**7**		**108**
90	chair with headrest, exam, reclining	E11011			**4**		**108**		**3**		**108**		**7**		**108**		**7**		**108**
91	suction and pressure cabinet, ENT (SMR)	E3001			**4**		**108**		**3**		**108**		**NEW**		**108**		**7**		**108**
92	~~light source, xenon~~	~~EQ167~~			~~**NEW**~~		~~**108**~~		~~**NEW**~~		~~**108**~~		~~**NEW**~~		~~**108**~~		~~**NEW**~~		~~**108**~~
93	~~fiberscope, flexible, rhinolaryngoscopy~~	~~ES020~~			~~**4**~~		~~**198**~~		~~**NEW**~~		~~**198**~~		~~**1**~~		~~**198**~~		~~**4**~~		~~**198**~~
94	~~video system, endoscopy (processor, digital capture, monitor, printer, cart)~~	~~ES031~~			~~**4**~~		~~**108**~~		~~**NEW**~~		~~**108**~~		~~**1**~~		~~**108**~~		~~**4**~~		~~**108**~~
95	instrument pack, basic ($500-$1499)	EQ137			**NEW**		**138**		**NEW**		**138**		**NEW**		**138**		**NEW**		**138**
96	**endoscope disinfector, rigid or fiberoptic, w-cart**	**ES005**			**NEW**		**90**		**NEW**		**90**		**NEW**		**90**		**NEW**		**90**
97	**Video-flexible laryngoscope system**	**NEW**			**NEW**		**198**		**NEW**		**198**		**NEW**		**198**		**NEW**		**198**

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2016

Closure Left Atrial Appendage with Endocardial Implant

At the October 2015 CPT Editorial Panel meeting, the Panel deleted category III code 0281T and created CPT code 333X3 to describe Percutaneous transcatheter closure of the left atrial appendage with implant.

The RUC reviewed the survey results from 53 practicing cardiologists and agreed with the specialty societies on the following time components: pre-service time of 63 minutes, intra-service time of 90 minutes and immediate post-service time of 30 minutes.

The RUC reviewed the survey respondents' physician work values and agreed that the respondents overestimated the physician work involved at the survey 25th percentile (work RVU= 19.88). To determine an appropriate work value, the RUC compared the surveyed code to CPT code 93583 *Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed* (work RVU= 14.00, intra time= 90 minutes) and agreed that this value, with identical intra-service time, accurately accounted for the physician work involved in the surveyed code. Therefore, the RUC recommends a direct physician work crosswalk from CPT code 93583 to CPT code 333X3. To justify a work RVU of 14.00, the RUC reviewed CPT code 37244 *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation* (work RVU= 14.00, intra time= 90 minutes). **The RUC recommends a work RVU of 14.00 for CPT code 333X3.**

Practice Expense
The RUC reviewed and accepted the direct practice expense inputs as recommended by the Practice Expense Subcommittee.

New Technology
This service will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●333X3	N1	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation (Do not report 333X3 in conjunction with 93462) (Do not report 333X3 in conjunction with 93452, 93453, 93458, 93459, 93460, 93461, 93531, 93532, 93533 unless catheterization of the left ventricle is performed by a non-transseptal approach for indications distinct from the left atrial appendage closure procedure) (Do not report 333X3 in conjunction with 93451, 93453, 93456, 93460, 93461, 93530 93531, 93532, 93533 unless complete right heart catheterization is performed for indications distinct from the left atrial appendage closure procedure)	000	14.00

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D0281T		~~Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation~~ ~~(Do not report 0281T in conjunction with 93462 [left heart catheterization by transseptal puncture])~~ ~~(Report cardiac catheterization procedures [93451-93461,93530-93533] separately for indications distinct from the left atrial appendage closure procedure)~~ ~~(For left ventriculography performed by transseptal approach for indications distinct from the left atrial appendage closure procedure, use 93565)~~ ~~(Do not report 0281T in conjunction with 93452, 93453, 93458-93461, 93531-93533 unless catheterization of the left ventricle is performed by a non-transseptal approach for indications distinct from the left atrial appendage closure procedure)~~ ~~(Do not report 0281T in conjunction with 93451, 93453, 93456, 93460, 93461, 93530-93533 unless complete right heart catheterization is performed for indications distinct from the left atrial appendage closure procedure)~~ (0281T has been deleted. To report, use 333X3)	~~XXX~~	N/A

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:333X3 Tracking Number N1 Original Specialty Recommended RVU: **19.88**
Presented Recommended RVU: **15.00**
Global Period: 000 RUC Recommended RVU: **14.00**

CPT Descriptor: Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76- year-old female with diabetes, hypertension, and congestive heart failure suffering from non-valvular paroxysmal, persistent, or permanent atrial fibrillation (AF) requires long term anticoagulant therapy. She is eligible for anticoagulation, but due to her general frailty and risk for falls, her physicians are concerned about the potential for long term bleeding complications. Left atrial appendage closure with an implantable device is recommended.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 25%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The patient's history, records, laboratory and diagnostic tests are reviewed. Appropriate communication is conducted with the patient and family as well as other medical professionals as needed. Informed consent is obtained. The operative plan is reviewed with the anesthesiologist. The patient positioned on the procedural table. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient.

Description of Intra-Service Work: A "Time Out" occurs during which confirmation of critical information is ensured, such as the patient's identity, planned procedure, access route, allergies, completion of the consent process, availability of proper equipment, and any unusual circumstances which might influence the procedure.

Baseline transesophageal echo (TEE) is performed by an echocardiographer. The echocardiographer performs TEE imaging throughout the procedure to provide guidance for transseptal puncture, LAA imaging, and device placement.

Percutaneous venous access is obtained, typically through the femoral vein. A thin-walled needle is inserted percutaneously into the vein, through which a flexible guidewire is inserted into the vein. The needle is removed over the wire, a sheath/dilator system is inserted over the guidewire, the dilator is removed, and the sidearm of the sheath is flushed to remove any clot or air. Percutaneous arterial access is obtained, typically through the femoral artery. A thin-walled needle is inserted percutaneously into the artery, through which a flexible guidewire is inserted into the artery. The needle is removed over the wire, a sheath/dilator system is inserted over the guidewire, the dilator is removed, and the sidearm of

the sheath is flushed to remove any clot or air. An appropriate catheter is inserted over a wire through the venous sheath into the venous system and advanced under fluoroscopic guidance up to the superior vena cava. The wire is removed. A rigid trans-septal puncture needle is carefully advanced through the catheter stopping just short of the end of the catheter. The needle-catheter unit is flushed and attached to a second pressure manifold and then withdrawn to the level of the fossa ovalis in the inter-atrial septum under fluoroscopic guidance. The imaging system is rotated in both the anterior and lateral positions to confirm proper positioning with respect to the arterial wire or catheter which has been positioned just above the aortic valve. Exquisite precision of the needle-catheter unit is imperative as improper positioning can lead to puncture of the aorta or perforation through the atrial wall into the pericardium. Continuous arterial pressure monitoring is maintained. Typically, the needle-catheter unit may not be positioned properly on the first attempt and one or more repositionings of the unit may be required. This typically requires removal of the needle, reinsertion of the guidewire, readvancement of the wire and catheter to the superior vena cava, removal of the wire, reinsertion of the needle and then repeating the process of positioning the needle-catheter unit in the proper spot on the interatrial septum. Once successful positioning is achieved, the needle-catheter unit is then advanced several millimeters across the interatrial septum to the left atrium while observing the pressure waveform. The transseptal puncture is achieved. Left atrial position is confirmed by pressure waveform analysis, oxygen saturation measurement, and contrast injection through the system. If the needle-catheter unit has not traversed the septum properly, complications are first excluded and then the device is repositioned and repeat attempt is performed until successful. Once the needle is confirmed to be safely in the left atrium, the transseptal dilator is advanced over the needle into the left atrium, the needle withdrawn to the right atrial side, and then the transseptal sheath is telescoped over the dilator into the left atrium. The trans-septal needle is removed from the sheath/dilator apparatus, which is now in the left atrium. The dilator is then removed while infusing saline through it to minimize risk of air introduction. The access sheath and dilator are prepped and inserted over the guidewire into the left atrium. The dilator and wire are removed and the pigtail catheter is inserted into the access sheath and into the left atrium/left atrial appendage under fluoroscopy. Left atrial appendage angiography is performed.

The access sheath is advanced over the pigtail catheter into the left atrial appendage under fluoroscopic guidance and the pigtail is removed. Fluoroscopy and contrast angiography are used to assess the anatomy of the LAA and to define if it is multi-lobed. The echocardiographer uses TEE to measure the LAA ostium width and length in at least 3-4 views (0°, 45°, 90°, 135°). Appropriate size implant based on the maximum LAA ostium width is recorded. The catheter used to deliver the LAA closure implant is prepped and inserted into the access sheath and advanced under fluoroscopic guidance into the left atrial appendage.

The device is delivered into the left atrial appendage and assessed under fluoroscopy to confirm release criteria are met. While observing under fluoroscopy, implant stability is confirmed by gently pulling back on the deployment knob and visualizing the proximal movement of the implant AND the LAA. Appropriate implant size selection is also confirmed by measuring the deployed diameter of the implant in situ using TEE. The device is released. Implant stability is assessed under fluoroscopy. Images are reviewed to ensure no additional views are required before leaving the procedure suite. The echocardiographer separately performs TEE imaging to independently confirm release criteria are met, to assess implant stability, and to ensure appropriate implant size selection. Patient is awakened from anesthesia by anesthesiology on the table and transferred to stretcher and sent to recovery.

Description of Post-Service Work: The patient's procedural outcome is communicated to family and to the referring physician(s). The physician writes orders and dictates an operative report. Prior to disposition the patient is observed carefully to ensure no bleeding from the access site and no hemodynamic or rhythm instability to suggest a procedural complication. Patient is transferred to routine care once stable.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015		
Presenter(s):	Richard Wright, MD; Cliff Kavinsky, MD, PhD; Mark Schoenfeld, MD; Thad Waites, MD; David Slotwiner, MD		
Specialty(s):	ACC, HRS, SCAI		
CPT Code:	333X3		
Sample Size:	282	**Resp N:** 53	**Response:** 18.7 %
Description of Sample:	Targeted survey of all physicians included on an industry list of operators who have completed the manufacturer's training.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**10.00**	17.00	130.00
Survey RVW:	13.00	19.88	**23.50**	25.00	38.00
Pre-Service Evaluation Time:			**75.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**20.00**		
Intra-Service Time:	30.00	70.00	**90.00**	120.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	333X3	**Recommended Physician Work RVU: 14.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**20.00**	**20.00**	**0.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93580	000	17.97	**RUC Time**

CPT Descriptor Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93581	000	24.39	**RUC Time**

CPT Descriptor Percutaneous transcatheter closure of a congenital ventricular septal defect with implant

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52353	000	7.50	**RUC Time**	16,401

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 18 **% of respondents:** 33.9 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 30.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 333X3	Top Key Reference CPT Code: 93580	2nd Key Reference CPT Code: **93581**
Median Pre-Service Time	63.00	30.00	30.00
Median Intra-Service Time	90.00	120.00	180.00
Median Immediate Post-service Time	30.00	60.00	60.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**183.00**	**210.00**	**270.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.33	0.19
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.39	0.38
Urgency of medical decision making	-0.06	-0.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.72	0.75
Physical effort required	0.56	0.50

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.94	1.00
Outcome depends on the skill and judgment of physician	0.83	0.88
Estimated risk of malpractice suit with poor outcome	0.61	1.13

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.89	0.88

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

333X3 is a new code to describe the work of closing the left atrial appendage through deployment of an occlusion device via a catheter. It is currently reported with a Category III code. After review by the Research Subcommittee, the service was surveyed as a targeted pool of all providers identified by the device manufacturer as operators who have completed device training—regardless whether they have begun providing the service commercially—as of October 1.

A joint RVS panel of ACC, SCAI, and HRS members reviewed the survey data. The panel reviewed the preservice time and selected package 4 for a difficult patient/procedure with sedation. The service is performed general anesthesia. We recommend postservice package 9B for a complex procedure with 3 minutes removed to align with the survey response. The service is exclusively performed in a hospital and the patient is sent home several days later.

The key reference service is 93580, transcatheter closure of a congenital interatrial defect. The key reference was selected by 18 survey respondents, or 34% of respondents. The second key reference is another transcatheter congenital service. Sixteen respondents, or 30%, selected closure of a ventricular septal defect as a reference code. Respondents who selected the key reference services indicated 333X3 to be more intense/complex than the key reference services in all metrics except urgency of decision making.

We have included on the SOR the highest 0-day global MPC code (52353 at 7.50 work RVUs). Consistent with the survey, the societies recommend the 25th-precentile work RVU of 19.88 with 63 minutes of preservice time from package 4, 90 minutes intraservice time, and 30 minutes postservice time from package 9B after 3 minutes is removed to align with the survey response of 30 minutes postservice time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0281T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty cardiac electrophysiology How often? Sometimes

Specialty interventional cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 12000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on manufacturer estimates.

Specialty cardiology Frequency 4000 Percentage 33.33 %

Specialty cardiac electrophysiology Frequency 4000 Percentage 33.33 %

Specialty interventional cardiology Frequency 4000 Percentage 33.33 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on manufacturer estimates.

Specialty cardiology Frequency 3667 Percentage 33.33 %

Specialty cardiac electrophysiology Frequency 3667 Percentage 33.33 %

Specialty interventional cardiology Frequency 3666 Percentage 33.32 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93580

SS Rec Summary

ISSUE: Closure Left Atrial Appendage with Endocardial Implant

TAB: 10

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	93580	Percutaneous transcatheter clos	18	0.133			17.97			210	30					120			60																			
2nd REF	93581	Percutaneous transcatheter clos	16	0.124			24.39			270	30					180			60																			
CURRENT	0281T	Percutaneous transcatheter clos	53	#DIV/0!						0																												
SVY	333X3	Percutaneous transcatheter closure of		0.228	13.00	19.88	23.50	25.00	38.00	235	75	20	20	30	70	90	120	180	30																		
REC	333X3			0.136	14.00					183	40	3	20			90			30																		

10, 22, 47
Tab Number

LAA Closure, Paravalvular Leak, Noninvasive Physiologic Studies
Issue

333X3, 9358X1-X3, 93965
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Richard Wright, MD
Printed Signature

ACC
Specialty Society

12/7/15
Date

AMA/Specialty Society RVS Update Committee (RUC)
Vendor/Company Attestation Statement

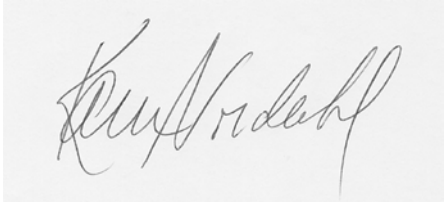
This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid, harming both the undersigned and the physicians who use the product or device.

Percutaneous left atrial appendage closure with implanted device (Code 0281T
CPT® Codes

Boston Scientific Corporation
Vendor/Company Name

By: Karen Nordahl .



Signature .

Director, Health Economics & Reimbursement- Rhythm Management .
Title

21 October 2015 .
Date

10
Tab Number

Left Atrial Appendage Closure
Issue

333X3
Code Range

Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

_David Slotwiner, MD, FHRS_____
Printed Signature

_Heart Rhythm Society _____
Specialty Society

_12/9/2015_____
Date

_____10_
Tab Number

_____Left Atrial Appendage Closure
Issue

_____333X3__
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



_ _____
Signature

_Mark Schoenfeld, MD, FHRS_____
Printed Signature

_Heart Rhythm Society _____
Specialty Society

_12/9/2015_____
Date

10, 22
Tab Number

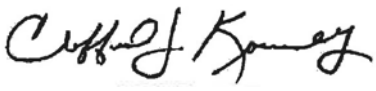
Left Atrial Appendage Closure, Closure of PVL
Issue

333X3, 9358X1-X3
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Clifford J. Kavinsky, MD, PhD, FSCAI
Printed Signature

Society for Cardiovascular Angiography & Interventions
Specialty Society

12/7/15
Date

CPT Code: 333X3
Specialty Society('s) ACC, HRS, SCAI

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation

Global Period: 000 Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: A specialty panel representing cardiology, cardiac electrophysiology, and interventional cardiology discussed the practice expense inputs for 333X3.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: The Panel selected the survey key reference code 93580 as a PE reference code due to its clinical similarities and its 0-day global period.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: We recommend the PE Subcommittee standards for a 0-day facility service with extensive use of clinical staff time, similar to key reference code 93580.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
-Complete pre-service diagnostic and referral forms
-Coordinate pre-service surgery services
-Schedule space and equipment in facility
-Provide pre-service education/obtain consent
-Follow-up phone calls and prescriptions

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**93580**		**333X3**	
3	**Meeting Date: Januar 2015 Tab: 10 Specialty: ACC, SCAI, HRS**	**CMS Code**	**Staff Type**	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration,		Percutaneous transcatheter closure of the left atrial appendage with endocardial implant,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				**000**		**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**33.0**	**0.0**	**30.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**30.0**	**0.0**	**30.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**3.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**		**5**		**5**
13	Coordinate pre-surgery services	**L037D**	**RN/LPN/MTA**		**10**		**10**
14	Schedule space and equipment in facility	**L037D**	**RN/LPN/MTA**		**5**		**5**
15	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**		**7**		**7**
16	Follow-up phone calls & prescriptions	**L037D**	**RN/LPN/MTA**		**3**		**3**
17	Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff						
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
45	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**93580**		**333X3**	
3	**Meeting Date: Januar 2015 Tab: 10 Specialty: ACC, SCAI, HRS**	**CMS Code**	**Staff Type**	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration,		Percutaneous transcatheter closure of the left atrial appendage with endocardial implant,	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				**000**		**000**
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36				
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
56	*Other Clinical Activity - *specify: inform patient/family of results, follow-up phone calls*	**L037D**	**RN/LPN/MTA**		**3**		
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack				
60	**EQUIPMENT**	**CODE**					
61							

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2016

Valvuloplasty

At the May 2015 CPT Editorial Panel meeting, the Panel restructured the valvuloplasty family and added two new codes 334X1 and 334X2 to better describe aortic valve repairs, which, under the current codes, are not accurately defined.

334X1 ***Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking and/or simple commissural resuspension)***

The RUC reviewed the survey results from 41 thoracic surgeons and agreed with the following physician time components: pre-service time of 95 minutes, intra-service time of 180 minutes and immediate post-service time of 45 minutes. The RUC also recommends the following post-operative visits: one 99291, one 99231, two 99232s, one 99233, one 99238, one 99212 and one 99213. The RUC agreed that there is 20 additional minutes for evaluation above the standard pre-service time package to account for the time the surgeon spends with the patient obtaining consent, reviewing the procedure and explaining the various aspects of the procedure including the additional complexity associated with an aortic valve repair. Extensive planning and review is required to identify the extent and type of repair required for the valve. In addition, the surgeon must take time to explain all of the elements usually discussed with standard aortic valve replacement should attempts at repairing the patient's own aortic valve fail and the reasons/implications of valve repair failure. The RUC also agreed to add 12 minutes of positioning time above the standard for this cardiac procedure, which is supported by many recently reviewed cardiothoracic procedures (e.g. codes 33405 and 33533).

The RUC reviewed the survey respondents' physician work values and agreed that the survey results overestimate the physician work RVUs, with a 25th percentile work RVU of 40.00. The current work RVU for this procedure is 41.50; however the valuation includes the work of both a simple and a complex procedure. To determine an appropriate value, the RUC compared the surveyed code to CPT code 33315 *Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass* (work RVU= 35.00, intra time= 180 minutes) and agreed that since both codes have identical intra-service time and comparable physician work, the two codes should be valued the same. Therefore, the RUC recommends a direct work RVU crosswalk of 35.00 from CPT code 33315 to CPT code 334X1. To justify a work RVU of 35.00, the RUC reviewed both the top two reference codes 33405 *Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve* (work RVU= 41.32, intra time= 197 minutes) and 33710 *Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect* (work RVU= 37.50, intra time= 200 minutes) and agreed that since both reference services have more intra-service time than the surveyed code, the recommended value for 334X1 is appropriately valued less than these codes. **The RUC recommends a work RVU of 35.00 for CPT code 334X1.**

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334X2 ***Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction or annuloplasty)***

The RUC reviewed the survey results from 49 thoracic surgeons and agreed with the following physician time components: pre-service time of 95 minutes, intra-service time of 210 minutes and immediate post-service time of 45 minutes. The RUC also recommends the following post-operative visits: one 99291, one 99231, two 99232s, one 99233, one 99238, one 99213 and one 99214. The RUC agreed that there is 20 additional minutes for evaluation above the standard pre-service time package to account for the time the surgeon spends with the patient obtaining consent, reviewing the procedure and explaining the various aspects of the procedure including the additional complexity associated with an aortic valve repair. Extensive planning and review is required to identify the extent and type of repair required for the valve. In addition, the surgeon must take time to explain all of the elements usually discussed with standard aortic valve replacement should attempts at repairing the patient's own aortic valve fail and the reasons/implications of valve repair failure. In addition, the RUC also agreed to add 12 minutes of positioning time above the standard for this cardiac procedure, which is supported by many recently reviewed cardiothoracic procedures (e.g. codes 33405 and 33533).

Finally, the RUC determined a 99214 post-operative office visit is required for this procedure, whereas the simple code (334X1) has a 99213. This complex procedure requires more evaluations of the degree of residual valve disease. For the simple procedure, the post-operative care is more straightforward.

The RUC reviewed the survey respondents' physician work values and agreed that the survey results accurately value this procedure at the 25th percentile work RVU of 44.00. To justify a work RVU of 44.00, the RUC compared the survey code to the top key reference code 33427 *Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring* (work RVU= 44.83, intra time= 221 minutes) and MPC codes 33426 *Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring* (work RVU= 43.28, intra time= 205 minutes) and 33512 *Coronary artery bypass, vein only; 3 coronary venous grafts* (work RVU= 43.98, intra time= 213 minutes). The RUC determined that these three comparative codes provide appropriate brackets around the recommended value for 334X2. Finally, the RUC noted that while the total time for this procedure goes down slightly, from 742 minutes to 676 minutes, the previous valuation had three level three (99233) hospital visits. The time for the procedure has not changed. Also, the complex procedure, when it was last surveyed over 10 years ago, is not comparable to the procedure today, which has become more complex due to the change in patient population. **The RUC recommends a work RVU of 44.00 for CPT code 334X2.**

Practice Expense:
The RUC approved the direct practice expense inputs as approved by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Heart and Pericardium **Transmyocardial Revascularization** *33140* *Transmyocardial laser revascularization, by thoracotomy; (separate procedure)* ✚*33141* *performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)* (Use 33141 in conjunction with ~~33400-33403~~33404-33496, 334X1, 334X2, 33510- 33536, 33542) **Cardiovascular System** **Heart and Pericardium** **Electrophysiologic Operative Procedures** *33255* *Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass* *33256* *with cardiopulmonary bypass* (Do not report 33254-33256 in conjunction with 32100, 32551, 33120, 33130, 33210, 33211, ~~33400-33403~~33404, 33405, 33406, 334X1, 334X2, 33507, 33510-33523, 33533-33548, 33600-33853, 33860, 33863,33864, 33910-33920) ✚*33257* *Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)* (Use 33257 in conjunction with 33120-33130, 33250- 33251, 33261, 33300-33335, ~~33400-33403~~33404-33496, 334X1, 334X2, 33500-33507, 33510-33516, 33533-33548, 33600-33619, 33641-33697, 33702-33732, 33735-33767, 33770-33814, 33840-33877, 33910-33922, 33925-33926, 33935, 33945, 33975-33980) ✚*33258* *Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)* (Use 33258 in conjunction with 33130, 33250, 33300, 33310, 33320, 33321, 33330, ~~33401~~, 334X1, 334X2, 33414-33417, 33420, 33470, 33471, 33501-33503, 33510-33516, 33533- 33536, 33690, 33735, 33737, 33800-33813, 33840-33852, 33915, 33925, when the procedure is performed without cardiopulmonary bypass) ✚*33259* *Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)* (Use 33259 in conjunction with 33120, 33251, 33261, 33305, 33315, 33322, 33335, ~~33400, 33403~~33404, 33405, 33406, 33410, 33411, 33412, 33413, 33422-33468, 33474-33478, 33496, 334X1, 334X2, 33500, 33504-33507, 33510-33516, 33533-33548, 33600-33688, 33692-33722, 33730, 33732, 33736, 33750-33767, 33770-33781, 33786- 33788, 33814, 33853, 33860-33877, 33910, 33916-33922, 33926, 33935, 33945, 33975-33980 when the procedure is performed with			

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cardiopulmonary bypass) (Do not report 33257, 33258 and 33259 in conjunction with 32551, 33210, 33211, 33254-33256, 33265, 33266) **Heart and Pericardium** **Cardiac Valves** (For multiple valve procedures, see ~~33400~~33404-33478, 334X1, 334X2 and add modifier 51 to the secondary valve procedure code)				
D33400		~~Valvuloplasty, aortic valve; open, with cardiopulmonary bypass~~	~~090~~	N/A
D33401		~~open, with inflow occlusion~~	~~090~~	N/A
D33403		~~using transventricular dilation, with cardiopulmonary bypass~~ ~~(Do not report modifier 63 in conjunction with 33401, 33403)~~	~~090~~	N/A
▲33405 (e)		Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	090	41.32 (No Change)
▲33406 (e)		with allograft valve (freehand) ~~(For aortic valve valvotomy, [commissurotomy] with inflow occlusion, use 33401)~~ ~~(For aortic valve valvotomy, [commissurotomy] with cardiopulmonary bypass, use 33403)~~	090	52.68 (No Change)
▲33410 (e)		with stentless tissue valve	090	46.41 (No Change)
●334X1	O1	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (~~e~~gie, valvotomy, debridement, debulking and/or simple commissural resuspension)	090	35.00

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●334X2	O2	complex (eg, leaflet extension, leaflet resection, leaflet reconstruction or annuloplasty) (Do not report 334X2 in conjunction with 334X1)	090	44.00

Combined Arterial-Venous Grafting for Coronary Bypass

✚*33530* *Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)*
(Use 33530 in conjunction with ~~33400-33403~~33404-33496, 334X1, 334X2, 33510-33536, 33863)

Heart and Pericardium

Thoracic Aortic Aneurysm

33864 *Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)*
(Do not report 33864 in conjunction with ~~33400~~, 33860-33863)

Cardiovascular System

Heart and Pericardium

Heart/Lung Transplantation

33944 *Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation*

(For repair or resection procedures on the donor heart, see 33300, 33310, 33320, ~~33400~~, 334X1 33463, 33464, 33510, 33641, 35216, 35276 or 35685)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:334X1 Tracking Number O1 Original Specialty Recommended RVU: **35.00**
Presented Recommended RVU: **35.00**
Global Period: 090 RUC Recommended RVU: **35.00**

CPT Descriptor: Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking and/or simple commissural resuspension)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 3-year-old born with congenital aortic stenosis presents with recurrent valvular aortic stenosis and mild insufficiency following balloon valvuloplasty of his bicuspid aortic valve as a neonate. The family reports decreased exercise tolerance with shortness of breath and easy fatigability. Electrocardiogram shows left ventricular hypertrophy. Echocardiogram documents a 60 mmHg gradient across the aortic valve with residual fusion of the commissure between the left and non-coronary cusps and dysplastic thickening of the leaflets beneath this area.

Percentage of Survey Respondents who found Vignette to be Typical: 61%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 51%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Perform complete or interval History and Physical Examination (comprehensive), Write pre-op orders. Review work-up and notes from referring and primary physicians. Review pre-op imaging studies (x-ray, echocardiogram, cardiac catheterization, MRI or CT). Review pre-op laboratory studies. Review indications, surgical procedure, expected recovery, and expected outcomes including potential complications with family. Answer questions from the family and obtain informed consent. Schedule OR time and arrange for surgical assistant. On day of procedure identify patient, marked surgical site per hospital policy and respond to any family questions. Ensure availability of blood and any special instruments or medical devices. Review trans-esophageal echocardiogram (TEE) findings with echocardiographer. Ensure proper patient positioning. Conduct pre-operative “time-out” in accordance with hospital policy, scrub, gown, and glove. Place surgical drapes as appropriate

Description of Intra-Service Work: Perform sternotomy, divide or resect thymus, open and suspend pericardium, heparinize and place appropriate purse string sutures for cannulation. Insert arterial and venous cannulas for cardiopulmonary bypass (CPB). Initiate CPB after ensuring adequate anticoagulation. Insert left atrial vent. Initiate cooling as appropriate. Place cardioplegia delivery catheter, cross clamp aorta and administer cardioplegia. Perform appropriate ascending aortotomy. Perform valve repair, which may include valvotomy, debridement, debulking, or simple commissuroplasty. Perform closure of the aortotomy. Ensure egress for potential retained intracardiac air and remove aortic cross clamp. Rewarm and resuscitate the heart. Place temporary pacing wires as indicated. Remove left atrial vent. Wean from CPB and assess post-repair TEE for potential retained intracardiac air, adequacy of valve repair, and ventricular function. Direct heparin reversal

with protamine after decannulation from CPB. Place appropriate mediastinal and pleural tubes and insure hemostasis and close pericardium (primary or with patch augmentation) as appropriate. Close sternotomy incision

Description of Post-Service Work: Post-op same day work through admission to intensive care: Perform Operating Room debriefing. Apply sterile dressings to the incision. Remove drapes with close attention to pacing wires (if any), tubes and lines to ensure that none are dislodged or disconnected. This attention continues as the patient is moved to the ICU bed for transfer. In a coordinated team manner, monitor patient's overall condition as the anesthesia team converts the monitoring equipment (arterial blood pressure, pulmonary artery pressures, ECG) to a portable monitor. Periodically observe chest drainage system to assess interval bleeding and to ascertain that negative pressure is not lost and that the tubes are not obstructed. Accompany patient to the ICU and direct the team should the patient's condition change en route. Sign OR forms, indicating pre and post-op diagnoses, operation performed. Obtain and examine postoperative chest x-ray to assess expansion of the lungs and placement of the chest and nasogastric tubes (if inserted). Write orders for post-op labs, films, medications, diet, and patient activity. Write brief operative note for the patient's chart documenting in the daily progress notes pre- and postoperative diagnoses, operation performed, findings, blood loss, intraoperative IV fluids administered, complications, and specimens sent to pathology (if any). Review intensive care and medications with staff. Establish short-term goals for patient with ICU nursing staff. Discuss procedure outcome with family describing procedure performed, any variance from the planned procedure, the general findings, an initial assessment of the degree of procedural success, and expectations for the remainder of the day of surgery and the longer term. Discuss procedure outcome with patient after emergence from anesthesia. Dictate post-op report. Discuss procedure outcome with referring physician. Coordinate care with other physicians. Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company

Postoperative Intensive Care: Assess neurological state: Monitor emergence from anesthesia. Administer sedatives, paralyzing agents and analgesics as needed. Evaluate gross neurologic function including level of consciousness, behavioral appropriateness, and presence and nature of focal neurological defect if present. Repeat evaluation until intraoperative neurologic injury is ruled out.
Assess hemodynamic condition: Evaluate cardiac rhythm. Assess rate, conduction abnormalities. Consider temporary pacemaker. Initiate temporary pacing as needed. Determine suitable mode, adjust output and sensitivity of device. Repeat assessment of hemodynamic effects. Assess arrhythmias, differentiate atrial extrasytoles or runs from ventricular extrasystoles or runs, correlate with operative events and hemodynamic effects, consider antiarrhythmic therapy (treatment or prophylaxis). Review 12-lead EKG for signs or ischemia or injury, compare to preoperative tracing. Assess blood pressure, central venous pressure, pulmonary artery pressures, cardiac output and index. Correlate filling pressures at baseline, confirm calibration of transducers with zero level at the level of the right heart, assess waveforms. Administer crystalloid fluids or blood products depending on cardiac index, mixed venous oxygen saturation, hemoglobin, and central filling pressures. Adjust inotropic and vasoactive agents given by continuous infusion to optimize O2 delivery and minimize adverse end-organ effects. Carefully evaluate peripheral perfusion by observation and physical exam, correlating findings with invasive monitoring results. Monitor chest tube bleeding. Assess the character of the mediastinal drainage (rate, amount, tenacity, stability of clot). Assess the patency of the mediastinal tubes, ensure that a cardiac tamponade state is avoided. Correlate bleeding quantity and character with chest x-ray, labs, hemodynamics, urine output and physical exam. Assess laboratory results, correlate with other findings, and determine the need for blood, blood products including platelets cryoprecipitate and fresh frozen plasma. Consider other adjunctive pharmacologic therapies for coagulopathy. Consider need for re-exploration if chest tube output exceeds acceptable limits or if tamponade is present. Assess Respiratory System: Examine breath sounds, observe chest mechanics, assure mid-line tracheal position by physical exam. Assess ventilator settings, observe underlying respiratory pattern, observe baseline airway pressures generated and minute gas flow. Re-evaluate post-operative chest x-ray if necessary. Confirm endo-tracheal tube placement by review of post-operative chest x-ray. Monitor lungs for infiltrate/atelectasis. Assess pleural spaces for fluid collection. Assess blood gases and adjust ventilator as needed. Wean from ventilator. Assess readiness for extubation. Extubate patient and assure airway and adequacy of ventilation. Assess adequacy of urine output. Check post-operative creatinine in light of pre-operative renal function. Assess volume status and administer fluids as needed. Decide if diuretic is indicated, determine dose, monitor response. Correlate urine flow with blood pressure compared to preop, assess interaction of cardiac output and vasoactive agents with renal function. Monitor distal extremity perfusion. Assess peripheral pulses. Compare to preoperative findings. Integrate comprehensive evaluation with patient history, expected status based on conduct of the operation, and response to critical care interventions. Assess extent of inflammatory state, consider treatment with antipyretics or steroids as indicated. Review nursing/other staff patient chart notes. Discuss interval plans with nursing staff. Set parameters for interval adjustments in patient treatment. Establish interval to next patient evaluation if expected goals met. Answer nursing/other staff questions. Answer patient family questions. Write orders. Chart patient progress notes

Post-op other hospital work - beginning on post-op day 2 until discharge day:
Perform directed interval history and physical exam. Inspect all wounds for drainage, underlying hematoma, inflammation. Review nursing/other staff patient chart notes. Assess postoperative pain, use of analgesics, adequacy of response. Assess adequacy of respiration, character of breathing, relationship to surgical pain and intravascular volume status. Assess character of pulmonary secretions, patients ability to clear airway. Review vital signs, I&O, laboratory results, patient daily weight. Review chest radiograph. Evaluate cardiac monitor for rate, rhythm, presence or absence of arrhythmia. Evaluate stored EKG monitoring history, if indicated. Assess progress of system recovery, assess risk for development of complications. Encourage ambulation and vigorous pulmonary physiotherapy. Carefully assess and monitor postoperative nutritional status as maintained by both enteral (if necessary) and oral feedings. Remove chest tube when appropriate (usually 24-48 hours post-operatively). Obtain and review chest X-ray after tube removal and at least once more before discharge as indicated by patient's condition. Remove temporary pacemaker wires if present. Answer patient/family questions. Answer nursing/other staff questions (verbal and written). Develop interval plan of care, including drug therapy for underlying conditions (eg diabetes), surgically induced conditions, actual or anticipated complications (eg Beta blockers for atrial fibrillation, antibiotics for prophylaxis or treatment) or preventive care. Answer insurance staff questions. Write orders for post-op labs, films, medications, diet, and patient activity. Evaluate and review postoperative echocardiogram. Discuss patient progress with referring physician (verbal and written). Coordinate care with other physicians. Document evaluation, patient progress and plan in medical record.

Discharge day work: Perform history and physical exam. Check final pathology/lab/film reports and discuss with patient. Check wounds and patient progress. Carefully explain to patient and a family member dietary management, activities permitted, bathing, handling of would, return appointment to office, etc. Outline expectations for recovery, adjusted to specific underlying cardiac state, associated chronic diseases, operative findings and character of postoperative recovery. Describe potential complications, how to recognize them, and what to do if recovery is not as anticipated. Coordinate care with other physicians. Review nursing/other staff patient chart notes. Review post-discharge wound care and activity limitations with patient. Answer patient/family questions. Answer nursing/other staff questions. Answer insurance staff questions. Write orders for post-discharge labs, films, and medications. Chart patient discharge notes. Write prescriptions and discharge instructions. Explain nature, purpose and expected duration of use of new medications. Relate importance of secondary prevention of cardiac disease through risk factor reduction. Specific instructions on the need to notify other treating physicians or dentists of the presence of a heart valve abnormality and the need for prophylactic peri-procedural antibiotics. Review patient’s home medications and homeopathic agents, ensure that additional agents are compatible or will not be used. Dictate discharge summary. Communicate with patient's primary care physician(s)

Post-op office work - After discharge from hospital: Perform expanded problem-focused history and physical exam. Review medications and determine compliance. Review interval encounters with other care providers. Check wounds and patient progress. Remove sutures/drains. Review post-discharge labs/films. Specifically, review echo studies to assess valve function and compare to pre-op studies. Write orders for medications. Answer patient/family questions. Answer insurance staff questions. Discuss patient progress with referring physician (verbal and written). Coordinate care with other physicians. Discuss progress with patient/family. Dictate patient progress notes for medical chart and letters to referring physicians

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	James M. Levett, MD; Kirk R. Kanter, MD				
Specialty(s):	STS				
CPT Code:	334X1				
Sample Size:	3107	**Resp N:**	41	**Response:** 1.3 %	
Description of Sample:	Random to STS members				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**3.00**	5.00	70.00
Survey RVW:	29.58	40.00	**42.00**	45.00	60.82
Pre-Service Evaluation Time:			**75.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**20.00**		
Intra-Service Time:	60.00	150.00	**180.00**	240.00	480.00

Immediate Post Service-Time:	**45.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**140.00**	99291x **2.00** 99292x **0.00**
Other Hospital time/visit(s):	**155.00**	99231x **1.00** 99232x **2.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**39.00**	99211x **0.00** 12x **1.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	334X1	**Recommended Physician Work RVU: 35.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**60.00**	**40.00**	**20.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**20.00**	**20.00**	**0.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**45.00**	**33.00**	**12.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**155.00**	99231x **1.00** 99232x **2.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**39.00**	99211x **0.00** 12x **1.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33405	090	41.32	**RUC Time**

CPT Descriptor Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33710	090	37.50	**RUC Time**

CPT Descriptor Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,422

CPT Descriptor 1 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33426	090	43.28	**RUC Time**	5,285

CPT Descriptor 2 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring

Other Reference CPT Code	Global	Work RVU	Time Source
33405	090	41.32	**RUC Time**

CPT Descriptor Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 29.2 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 12.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 334X1	**Top Key Reference CPT Code:** 33405	**2nd Key Reference CPT Code:** **33710**
Median Pre-Service Time	95.00	95.00	63.00
Median Intra-Service Time	180.00	197.00	200.00
Median Immediate Post-service Time	45.00	40.00	60.00
Median Critical Care Time	70.0	70.00	140.00
Median Other Hospital Visit Time	155.0	265.00	115.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	39.0	63.00	40.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**622.00**	**768.00**	**656.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.58	0.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.42	0.20
Urgency of medical decision making	0.17	0.20
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.83	0.80

Physical effort required	0.33	0.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.42	0.40
Outcome depends on the skill and judgment of physician	0.75	1.40
Estimated risk of malpractice suit with poor outcome	0.17	0.20

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**

Time Segment (Mean)

Overall intensity/complexity	0.67	0.80

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PRE-TIME CHANGES
The Expert Panel selected pre-service time package 4 representing a difficult patient and difficult procedure done in a facility under anesthesia. The Expert Panel is recommending increases in time for the evaluation of the patient and for the positioning of the patient for the two aortic valvuloplasty codes.

ADDITIONAL EVALUATION TIME
For the evaluation the Expert Panel is recommending a 20-minute increase in time over the package for a total evaluation time of 60 minutes. This is supported by the survey data of 75 minutes for both codes. The total evaluation time accounts for the review of the patient, by the surgeon and the collaborative efforts that go into each case. The additional evaluation time of 20 minutes accounts for the time the surgeon spends with the patient obtaining consent, reviewing the procedure and explaining the various aspects of the procedure including the additional complexity associated with an aortic valve repair and the associated aftercare. Extensive planning and review is required to identify the extent and type of repair required for the valve. In addition, the surgeon must take time to explain the all of the elements usually discussed with standard aortic valve replacement should attempts at repairing the patient's own aortic valve fail and the reasons/implications of valve repair failure. The Expert Panel felt that adding 20 minutes of evaluation time to package 4 was reasonable and would cover all aspects of the pre-service work involved with the procedure.

SAME DAY IMMEDIATE POST TIME
The expert panel selected post-time package 9B for a general Anesthesia or Complex Regional Block/Complex Procedure. The survey supported 45 minutes of immediate post time and there are numerous examples in the RUC database supporting this time. The additional 12 minutes above the package time can be attributed to additional time for patient stabilization due to cardiopulmonary bypass, monitoring for bleeding, and more extensive documentation and communication requirements due to the complex aspects of the procedure including the final type of repair that was accomplished for the procedure.

CRITICAL CARE VISIT
For the procedure codes the survey respondents replied 100% that the procedure was performed in the hospital, that the patient stayed overnight for more than 24 hours.
The survey respondents indicated that they spent over 40 minutes providing critical care services to the patient once the patient arrives in the ICU. The critical care visit covers that time that the physician spends with the patient directly related to the procedure providing critical care services. The survey supported a critical care visit for the procedure and the Expert Panel agreed.

ADDITIONAL POSITIONING TIME
For the positioning, an additional 12 minutes was added to both codes to account for additional positioning, which is common for cardiac procedures and there are numerous examples in the RUC database supporting this time.

RECOMMENDED RVW
The survey data for 334X1, which is the simple aortic valve repair, supported 180 minutes of intra-time and the survey RVWs ranged from 40.00 at the 25th percentile to 45.00 at the 75th percentile, with a median RVW of 42.00. The expert panel felt that the survey value was too high based on the work involved. The Expert panel felt that an RVW of 35.00, which is below the 25th percentile, was more representative of the work involved in the procedure. The Panel identified code 33315 - Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass as a code that can be used to crosswalk this value. Code 33315 was RUC reviewed as part of the 4th 5-year review in 2010. Code 33315 is also a heart procedure. Both codes have 180 minutes of intra-service time and with similar post-operative visit times, total times and intensities. There are slight variations in the pre-service time with 20 minutes of evaluation added to the surveyed code. The main difference here is that code 33315 would typically be considered more of an emergent procedure then the simple aortic valve repair where more imaging, coordination and planning occur in preparation for the procedure. The Expert panel felt that code 33315 provided a reasonable crosswalk and that the survey inputs for code 334X1 are similar to this code and therefore the panel is recommending a work RVW of 35.00 which is supported by crosswalking the value to code 33315.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33400

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgeons How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 336

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on the 2009 Medicaid volume of 832 and the 2014 Medicare volume of 287 for a total of 1,119 procedures per year. It is esitmated that 30% of the existing procedures will now be performred using 334X1 for a total of 336 and 70% of the procedures will be performed using 334X2 for a total of 783. 100% of the procedures will be performed by cardiothoracic surgeons

Specialty cardiothoracic surgeons Frequency 336 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 86 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare volume is 287 procedures per year. It is estimated that 30% of the total procedures will be performed using 334X1 for a total of 86 procedures per year and that 70% of procedures will be performed using 334X2 for a total of 201 procedures per year

Specialty cardiothoracic surgery Frequency 86 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33400

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:334X2 Tracking Number O2 Original Specialty Recommended RVU: **44.00**
Presented Recommended RVU: **44.00**
Global Period: 090 RUC Recommended RVU: **44.00**

CPT Descriptor: Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction or annuloplasty)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 52-year-old male with a bicuspid aortic valve presents with valvular aortic stenosis and severe aortic insufficiency. He reports decreased exercise tolerance with shortness of breath and easy fatigability. Electrocardiogram shows left ventricular hypertrophy. Echocardiogram documents a 40 mmHg gradient across the aortic valve with severe aortic insufficiency due to fusion of the commissure between the left and non-coronary cusps with retraction and dysplastic thickening of the aortic valve leaflets.

Percentage of Survey Respondents who found Vignette to be Typical: 73%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 49%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Perform complete or interval History and Physical Examination (comprehensive), Write pre-op orders. Review work-up and notes from referring and primary physicians. Review pre-op imaging studies (x-ray, echocardiogram, cardiac catheterization, MRI or CT). Review pre-op laboratory studies. Review indications, surgical procedure, expected recovery, and expected outcomes including potential complications with family. In addition, discuss with patient and family the possibility of, and reasons for, aortic valve repair failure and possible conventional aortic valve replacement. Answer questions from the family and obtain informed consent. Schedule OR time and arrange for surgical assistant. On day of procedure identify patient, marked surgical site per hospital policy and respond to any family questions. Ensure availability of blood and any special instruments or medical devices. Review trans-esophageal echocardiogram (TEE) findings with echocardiographer. Ensure proper patient positioning. Conduct pre-operative "time-out" in accordance with hospital policy, scrub, gown, and glove. Place surgical drapes as appropriate

Description of Intra-Service Work: Perform sternotomy, Divide or resect thymus, open and suspend pericardium, heparinize and place appropriate purse string sutures for cannulation. Insert arterial and venous cannulas for cardiopulmonary bypass (CPB). Initiate CPB after ensuring adequate anticoagulation. Insert left atrial vent. Initiate cooling as appropriate. Place cardioplegia delivery catheter, cross clamp aorta and administer cardioplegia. Perform appropriate ascending aortotomy. . Perform valve repair, which may include resection of thickened rudimentary commissure with reconstruction using a pericardial patch. The valve commissures are resuspended and a sub-valvular annuloplasty is performed in addition to debulking the thickened aortic valve leaflets. Perform closure of the aortotomy.

Ensure egress for potential retained intracardiac air and remove aortic cross clamp. Rewarm and resuscitate the heart. Place temporary pacing wires as indicated. Remove left atrial vent. Wean from CPB and assess post-repair TEE for potential retained intracardiac air, adequacy of valve repair, and ventricular function. Direct heparin reversal with protamine after decannulation from CPB. Place appropriate mediastinal and pleural tubes and ensure hemostasis and close pericardium (primary or with patch augmentation) as appropriate. Close sternotomy incision

Description of Post-Service Work: Post-op same day work through admission to intensive care: Perform Operating Room debriefing. Apply sterile dressings to the incision. Remove drapes with close attention to pacing wires (if any), tubes and lines to ensure that none are dislodged or disconnected. This attention continues as the patient is moved to the ICU bed for transfer. In a coordinated team manner, monitor patient's overall condition as the anesthesia team converts the monitoring equipment (arterial blood pressure, pulmonary artery pressures, ECG) to a portable monitor. Periodically observe chest drainage system to assess interval bleeding and to ascertain that negative pressure is not lost and that the tubes are not obstructed. Accompany patient to the ICU and direct the team should the patient's condition change en route. Sign OR forms, indicating pre and post-op diagnoses, operation performed. Obtain and examine postoperative chest x-ray to assess expansion of the lungs and placement of the chest and nasogastric tubes (if inserted). Write orders for post-op labs, films, medications, diet, and patient activity. Write brief operative note for the patient's chart documenting in the daily progress notes pre- and postoperative diagnoses, operation performed, findings, blood loss, intraoperative IV fluids administered, complications, and specimens sent to pathology (if any). Review intensive care and medications with staff. Establish short-term goals for patient with ICU nursing staff. Discuss procedure outcome with family describing procedure performed, any variance from the planned procedure, the general findings, an initial assessment of the degree of procedural success, and expectations for the remainder of the day of surgery and the longer term. Discuss procedure outcome with patient after emergence from anesthesia. Dictate post-op report. Discuss procedure outcome with referring physician. Coordinate care with other physicians. Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company

Postoperative Intensive Care: Assess neurological state: Monitor emergence from anesthesia. Administer sedatives, paralyzing agents and analgesics as needed. Evaluate gross neurologic function including level of consciousness, behavioral appropriateness, and presence and nature of focal neurological defect if present. Repeat evaluation until intraoperative neurologic injury is ruled out. Assess hemodynamic condition: Evaluate cardiac rhythm. Assess rate, conduction abnormalities. Consider temporary pacemaker. Initiate temporary pacing as needed. Determine suitable mode, adjust output and sensitivity of device. Repeat assessment of hemodynamic effects. Assess arrhythmias, differentiate atrial extrasytoles or runs from ventricular extrasystoles or runs, correlate with operative events and hemodynamic effects, consider antiarrhythmic therapy (treatment or prophylaxis). Review 12-lead EKG for signs or ischemia or injury, compare to preoperative tracing. Assess blood pressure, central venous pressure, pulmonary artery pressures, cardiac output and index. Correlate filling pressures at baseline, confirm calibration of transducers with zero level at the level of the right heart, assess waveforms. Administer crystalloid fluids or blood products depending on cardiac index, mixed venous oxygen saturation, hemoglobin, and central filling pressures. Adjust inotropic and vasoactive agents given by continuous infusion to optimize O2 delivery and minimize adverse end-organ effects. Carefully evaluate peripheral perfusion by observation and physical exam, correlating findings with invasive monitoring results. Monitor chest tube bleeding. Assess the character of the mediastinal drainage (rate, amount, tenacity, stability of clot). Assess the patency of the mediastinal tubes, ensure that a cardiac tamponade state is avoided. Correlate bleeding quantity and character with chest x-ray, labs, hemodynamics, urine output and physical exam. Assess laboratory results, correlate with other findings, and determine the need for blood, blood products including platelets cryoprecipitate and fresh frozen plasma. Consider other adjunctive pharmacologic therapies for coagulopathy. Consider need for re-exploration if chest tube output exceeds acceptable limits or if tamponade is present. Assess Respiratory System: Examine breath sounds, observe chest mechanics, assure mid-line tracheal position by physical exam. Assess ventilator settings, observe underlying respiratory pattern, observe baseline airway pressures generated and minute gas flow. Re-evaluate post-operative chest x-ray if necessary. Confirm endo-tracheal tube placement by review of post-operative chest x-ray. Monitor lungs for infiltrate/atelectasis. Assess pleural spaces for fluid collection. Assess blood gases and adjust ventilator as needed. Wean from ventilator. Assess readiness for extubation. Extubate patient and assure airway and adequacy of ventilation. Assess adequacy of urine output. Check post-operative creatinine in light of pre-operative renal function. Assess volume status and administer fluids as needed. Decide if diuretic is indicated, determine dose, monitor response. Correlate urine flow with blood pressure compared to preop, assess interaction of cardiac output and vasoactive agents with renal function. Monitor distal extremity perfusion. Assess peripheral pulses. Compare to preoperative findings. Integrate comprehensive evaluation with patient history, expected status based on conduct of the operation, and response to critical care interventions. Assess extent of inflammatory state, consider treatment with antipyretics or steroids as indicated. Review nursing/other staff patient chart notes. Discuss interval plans with nursing staff. Set parameters for interval adjustments in patient treatment. Establish interval to next patient evaluation

if expected goals met. Answer nursing/other staff questions. Answer patient family questions. Write orders. Chart patient progress notes

Post-op other hospital work - beginning on post-op day 2 until discharge day:
Perform directed interval history and physical exam. Inspect all wounds for drainage, underlying hematoma, inflammation. Review nursing/other staff patient chart notes. Assess postoperative pain, use of analgesics, adequacy of response. Assess adequacy of respiration, character of breathing, relationship to surgical pain and intravascular volume status. Assess character of pulmonary secretions, patients ability to clear airway. Review vital signs, I&O, laboratory results, patient daily weight. Review chest radiograph. Evaluate cardiac monitor for rate, rhythm, presence or absence of arrhythmia. Evaluate stored EKG monitoring history, if indicated. Assess progress of system recovery, assess risk for development of complications. Encourage ambulation and vigorous pulmonary physiotherapy. Carefully assess and monitor postoperative nutritional status as maintained by both enteral (if necessary) and oral feedings. Remove chest tube when appropriate (usually 24-48 hours post-operatively). Obtain and review chest X-ray after tube removal and at least once more before discharge as indicated by patient's condition. Remove temporary pacemaker wires if present. Answer patient/family questions. Answer nursing/other staff questions (verbal and written). Develop interval plan of care, including drug therapy for underlying conditions (eg diabetes), surgically induced conditions, actual or anticipated complications (eg Beta blockers for atrial fibrillation, antibiotics for prophylaxis or treatment) or preventive care. Answer insurance staff questions. Write orders for post-op labs, films, medications, diet, and patient activity. Evaluate and review postoperative echocardiogram. Discuss patient progress with referring physician (verbal and written). Coordinate care with other physicians. Document evaluation, patient progress and plan in medical record.

Discharge day work: Perform detailed interval history and physical exam. Check final pathology/lab/film reports and discuss with patient. Check wounds and patient progress. Carefully explain to patient and a family member dietary management, activities permitted, bathing, handling of would, return appointment to office, etc. Outline expectations for recovery, adjusted to specific underlying cardiac state, associated chronic diseases, operative findings and character of postoperative recovery. Describe potential complications, how to recognize them, and what to do if recovery is not as anticipated. Coordinate care with other physicians. Review nursing/other staff patient chart notes. Review post-discharge wound care and activity limitations with patient. Answer patient/family questions. Answer nursing/other staff questions. Answer insurance staff questions. Write orders for post-discharge labs, films, and medications. Chart patient discharge notes. Write prescriptions and discharge instructions. Explain nature, purpose and expected duration of use of new medications. Relate importance of secondary prevention of cardiac disease through risk factor reduction. Specific instructions on the need to notify other treating physicians or dentists of the presence of a heart valve abnormality and the need for prophylactic peri-procedural antibiotics. Review patient’s home medications and homeopathic agents, ensure that additional agents are compatible or will not be used. Dictate discharge summary. Communicate with patient's primary care physician(s)

Post-op office work - After discharge from hospital: Perform detailed history and physical exam. Review medications, compliance. Review interval encounters with other care providers. Check wounds and patient progress. Remove sutures/drains. Review post-discharge labs/films, assess valve function by reviewing current echo studies and comparing them to previous studies. Write orders for medications. Answer patient/family questions. Answer insurance staff questions. Discuss patient progress with referring physician (verbal and written). Coordinate care with other physicians. Discuss progress with patient/family. Dictate patient progress notes for medical chart and letters to referring physicians

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	James M. Levett, MD; Kirk R. Kanter, MD		
Specialty(s):	STS, AATS		
CPT Code:	334X2		
Sample Size:	3107	**Resp N:** 49	**Response:** 1.5 %
Description of Sample:	Random to STS members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**3.00**	5.00	50.00
Survey RVW:	39.00	44.00	**46.00**	54.68	75.00
Pre-Service Evaluation Time:			**75.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**20.00**		
Intra-Service Time:	90.00	180.00	**210.00**	250.00	480.00

Immediate Post Service-Time:	**45.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**140.00**	99291x **2.00** 99292x **0.00**
Other Hospital time/visit(s):	**155.00**	99231x **1.00** 99232x **2.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	334X2	**Recommended Physician Work RVU: 44.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**60.00**	**40.00**	**20.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**20.00**	**20.00**	**0.00**
Intra-Service Time:		**210.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**45.00**	**33.00**	**12.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**155.00**	99231x **1.00** 99232x **2.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33427	090	44.83	**RUC Time**

CPT Descriptor Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33406	090	52.68	**RUC Time**

CPT Descriptor Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33426	090	43.28	**RUC Time**	5,285

CPT Descriptor 1 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33512	090	43.98	**RUC Time**	1,794

CPT Descriptor 2 Coronary artery bypass, vein only; 3 coronary venous grafts

Other Reference CPT Code	Global	Work RVU	Time Source
33405	090	41.32	**RUC Time**

CPT Descriptor Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 30.6 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 28.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 334X2	Top Key Reference CPT Code: 33427	2nd Key Reference CPT Code: **33406**
Median Pre-Service Time	95.00	95.00	95.00
Median Intra-Service Time	210.00	221.00	282.00
Median Immediate Post-service Time	45.00	40.00	40.00
Median Critical Care Time	70.0	70.00	70.00
Median Other Hospital Visit Time	155.0	210.00	265.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	63.0	63.00	63.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**676.00**	**737.00**	**853.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.47	1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.27	0.57
Urgency of medical decision making	0.27	0.43
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.67	1.36
Physical effort required	0.27	0.64

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.40	0.64
Outcome depends on the skill and judgment of physician	0.80	1.43
Estimated risk of malpractice suit with poor outcome	0.53	0.29

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.67	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

PRE-TIME CHANGES
The Expert Panel selected pre-service time package 4 representing a difficult patient and difficult procedure done in a facility under anesthesia. The Expert Panel is recommending increases in time for the evaluation of the patient and for the positioning of the patient for the two aortic valvuloplasty codes.

ADDITIONAL EVALUATION TIME
For the evaluation the Expert Panel is recommending a 20-minute increase in time over the package for a total evaluation time of 60 minutes. This is supported by the survey data of 75 minutes for both codes. The total evaluation time accounts for the review of the patient, by the surgeon and the collaborative efforts that go into each case. The additional evaluation time of 20 minutes accounts for the time the surgeon spends with the patient obtaining consent, reviewing the procedure and explaining the various aspects of the procedure including the additional complexity associated with an aortic valve repair and the associated aftercare. Extensive planning and review is required to identify the extent and type of repair required for the valve. In addition, the surgeon must take time to explain the all of the elements usually discussed with standard aortic valve replacement should attempts at repairing the patient's own aortic valve fail and the reasons/implications of valve repair failure. The Expert Panel felt that adding 20 minutes of evaluation time to package 4 was reasonable and would cover all aspects of the pre-service work involved with the procedure.

SAME DAY IMMEDIATE POST TIME
The expert panel selected post-time package 9B for a general Anesthesia or Complex Regional Block/Complex Procedure. The survey supported 45 minutes of immediate post time and there are numerous examples in the RUC database supporting this time. The additional 12 minutes above the package time can be attributed to additional time for patient stabilization due to cardiopulmonary bypass, monitoring for bleeding, and more extensive documentation and communication requirements due to the complex aspects of the procedure including the final type of repair that was accomplished for the procedure.

CRITICAL CARE VISIT
For the procedure codes the survey respondents replied 100% that the procedure was performed in the hospital, that the patient stayed overnight for more than 24 hours.
The survey respondents indicated that they spent over 40 minutes providing critical care services to the patient once the patient arrives in the ICU. The critical care visit covers that time that the physician spends with the patient directly related to the procedure providing critical care services. The survey supported a critical care visit for the procedure and the Expert Panel agreed.

ADDITIONAL POSITIONING TIME

For the positioning, an additional 12 minutes was added to both codes to account for additional positioning, which is common for cardiac procedures and there are numerous examples in the RUC database supporting this time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33400

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiothoracic surgeons How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 783
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Based on the 2009 Medicaid volume of 832 and the 2014 Medicare volume of 287 for a total of 1,119 procedures per year. It is esitmated that 30% of the existing procedures will now be performred using 334X1 for a total of 336 and 70% of the procedures will be performed using 334X2 for a total of 783. 100% of the procedures will be performed by cardiothoracic surgeons

Specialty cardiothoracic surgery Frequency 783 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 201
If this is a recommendation from multiple specialties please estimate frequency <u>and percentage</u> for each specialty. Please explain the rationale for this estimate. The 2014 Medicare volume is 287 procedures per year. It is estimated that 30% of

the total procedures will be performed using 334X1 for a total of 86 procedures per year and that 70% of procedures will be performed using 334X2 for a total of 201 procedures per year

Specialty cardiothoracic surgery Frequency 201 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33400

ISSUE: AORTIC VALVULOPLASTY

TAB: 11

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME				INTRA-TIME					POST TIME PKG	IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
					MIN	25th	MED	75th	MAX	Time	PRE-TIME PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX		POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
1st REF	33405	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	12	0.106			41.32			768	4	60	15	20			197			9B	40	1		3	2	1	1					1	1						
2nd REF	33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect	5	0.096			37.50			656	4	40	3	20			200				60	2		1	1	1	1					1							
CURRENT	33400	Valvuloplasty, aortic valve; open, with cardiopulmonary bypass		0.106			41.50			742		60	15	20			211				40	1		3	1	1	1					1	1						
SVY	334X1	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie,	41	0.120	29.58	40.00	42.00	45.00	60.82	707		75	15	20	60	150	180	240	480		45	2		1	2	1	1						1	1					
crosswalk	33315	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass		0.106			35.00			621	4	40	3	20			180				60	1		2	1	1	1					1							
REC	334X1	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking and/or simple commissural resuspension)		0.108			35.00			622	4	60	15	20			180			9B	45	1		1	2	1	1						1	1					

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME				INTRA-TIME					TIME PKG	IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
					MIN	25th	MED	75th	MAX	Time	PRE-TIME PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX		POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
1st REF	33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	15	0.119			44.83			737		60	15	20			221				40	1		2	2	1	1					1	1						
2nd REF	33406	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)	14	0.114			52.68			853		60	15	20			282				40	1		3	2	1	1					1	1						
CURRENT	33400	Valvuloplasty, aortic valve; open, with cardiopulmonary bypass		0.106			41.50			742		60	15	20			211				40	1		3	1	1	1					1	1						
SVY	334X2	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction or annuloplasty)	49	0.117	39.00	44.00	46.00	54.68	75.00	761		75	15	20	90	180	210	250	480		45	2		1	2	1	1					1	1						
REC	334X2	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction or annuloplasty)		0.130			44.00			676	4	60	15	20			210			9B	45	1		1	2	1	1					1	1						

Tab Number: 11

Issue: Valvuloplasty

Code(s): 334X!-334X2

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	James Levett, MD
Specialty Society:	Society of Thoracic Surgeons
Date:	December 11, 2015

CPT Code:_334X1, 334X2_
Specialty Society(‘s)__STS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

334X1 - Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking and/or simple commissural resuspension

334X2 - Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction or annuloplasty)

Global Period: 090 Meeting Date: 01/2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: Expert Panel

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Code 33405 was selected as the reference code. Code 33405, is also an aortic valve procedure and is representative of the practice expense that would be associated with the new codes.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
The standard 90-day global facility inputs are recommended for these codes.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

A staff type of RN, which has previously been established and is typical for cardiothoracic services, has been applied.

The clinical staff completes pre-service diagnostic and referral forms. They call the facility to schedule space and equipment needed and coordinate with the facility, the patient and other offices, particularly other surgeon’s offices, as necessary to prepare for the procedure. Clinical staff will provide and review educational materials and information including instructions on the medications prior to the procedure. Clinical staff will call in any prescriptions necessary for the patient prior to the procedure and contact the patient prior to the procedure to confirm pre-procedure instructions are being carried out. Calls may also be necessary to coordinate changes in polypharmacy with the PCP prior to the procedure.

Intra-Service Clinical Labor Activities:

Office staff participate in discharge day management activities including coordination of home health services, phoning in prescriptions, reviewing and emphasizing follow-up instructions, notifying the office of the referring physician, coordinating follow-up office visits and answering patient and family questions.

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F
1	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**REFERENCE CODE**		
2				**33405**	**334X1**	**334X2**
3	**Meeting Date: 01/2016 Tab: 11 Specialty: STS**	**CMS Code**	**Staff Type**	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking and/or simple commissural resuspension	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction or annuloplasty)
4	**LOCATION**			**Facility**	**Facility**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**	**L051A**	**RN**	**161.0**	**135.0**	**161.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L051A**	**RN**	**60.0**	**60.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L051A**	**RN**	**12.0**	**12.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L051A**	**RN**	**89.0**	**63.0**	**89.0**
10	**PRE-SERVICE**					
11	**Start: Following visit when decision for surgery or procedure made**					
12	Complete pre-service diagnostic & referral forms	L051A	RN	**5**	**5**	**5**
13	Coordinate pre-surgery services	L051A	RN	**20**	**20**	**20**
14	Schedule space and equipment in facility	L051A	RN	**8**	**8**	**8**
15	Provide pre-service education/obtain consent	L051A	RN	**20**	**20**	**20**
16	Follow-up phone calls & prescriptions	L051A	RN	**7**	**7**	**7**
17	Other Clinical Activity - *specify:*					
18	**End: When patient enters office/facility for surgery/procedure**					
19	**SERVICE PERIOD**					
20	**Start: When patient enters office/facility for surgery/procedure:**					
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L051A	RN	**12**	**12**	**12**
45	**End: Patient leaves office**					
46	**POST-SERVICE Period**					
47	**Start: Patient leaves office/facility**					
48	Conduct phone calls/call in prescriptions					
50	99211 16 minutes		16			
51	99212 27 minutes		27		**1**	
52	99213 36 minutes		36	**1**	**1**	**1**
53	99214 53 minutes		53	**1**		**1**
54	99215 63 minutes		63			
55	**Total Office Visit Time**			**89.0**	**63.0**	**89.0**
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**			
59	pack, minimum multi-specialty visit	SA048	pack	**2**	**2**	**2**
60	pack, post-op incision care (suture & staple)	SA053	pack	**1**	**1**	**1**
61	**EQUIPMENT**	**CODE**				
62	table, power	EF031		**89**	**63**	**89**
63	light, exam	EQ168		**89**	**63**	**89**

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2016

Partial Exchange Transfusion

In May 2015, the CPT Editorial Panel established one new code to describe newborn partial exchange transfusion. At the October 2015 RUC meeting, while reviewing the specialty society's recommendation for new code 364X1, the RUC agreed that CPT codes 36440, 36450, 36455 and 36460 are also part of the same code family and should have been surveyed. The RUC also noted that CPT code 36450, a Harvard valued code, was placed on the reference service list for the RUC survey of 364X1 in error. Therefore, the RUC did not provide a recommendation for 364X1. The RUC requested that the specialty society survey codes 364X1, 36440, 36450, 36455 and 36460 for the January 2016 RUC meeting.

Compelling Evidence
The specialty societies presented compelling evidence for code 36450. The societies noted that the patient population for this service has changed since the code was originally developed. When first described, the procedure was very commonly performed on smaller pre-mature infants. This is no longer the case as the criteria for double volume exchange transfusion for hyperbilirubinemia has changed over the years, resulting in the typical patient being a relatively larger newborn. When the typical patient was smaller, the volume of blood that needed to be exchanged was smaller and the time for the exchange transfusion was shorter. In addition, the increased work RVU brings the value of this service more in line with the RUC recommended value for 364X1. The RUC agreed that there is compelling evidence that the service described by code 36450 was potentially misvalued.

364X1 ***Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn***
The RUC reviewed the survey results from 47 pediatricians and agreed with the following physician time components: pre-service time of 15 minutes, intra-service time of 30 minutes, and post-service time of 15 minutes. The specialty noted that, during the intraservice period, the typical case may need the procedure to be stopped temporarily or slowed down due to a variety of issues such as instability of the patient, the vascular access not working properly, etc. The physician is at the bedside during this waiting time.

The RUC reviewed the survey 25th percentile work RVU of 2.00 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 2.00, the RUC 2nd key reference and MPC code 99233 *Subsequent hospital care, per day, for the evaluation and management of a patient* (work RVU= 2.00, intra-service time of 30 minutes, total time of 55 minutes) and noted that both services have identical intra-service times, similar total times and intensities, and therefore should be valued similarly. The RUC also reviewed CPT code 95939 *Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs* (work RVU= 2.25, intra-service time of 30

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minutes, total time of 60 minutes) and noted that both services have identical intra-service times and total times, while the survey code has somewhat less intensity, further supporting a work RVU of 2.00 for the survey code. **The RUC recommends a work RVU of 2.00 for CPT code 364X1.**

36440 ***Push transfusion, blood, 2 years or younger***
The RUC reviewed the survey results from 41 pediatricians and agreed with the following physician time components: pre-service time of 10 minutes, intra-service time of 15 minutes, and post-service time of 10 minutes. The RUC noted that the existing physician time from the Harvard study was not valid and that this service had never been evaluated by the RUC in the past.

The RUC reviewed the survey 25th percentile work RVU of 1.20 and agreed that the survey responds had somewhat overvalued the physician work involved in performing this service. The specialty society noted that there was no compelling evidence to support an increase in the work RVU of this service. The RUC compared the survey code to key reference and MPC code 94004 *Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day* (work RVU= 1.00, intra-service time of 15 minutes and total time of 35 minutes) and noted that both services have identical times, thought the survey code has somewhat more physician work intensity as per the survey intensity/complexity ratings, supporting maintaining the work RVU of the survey code at 1.03 RVUs. To further justify maintaining the current work RVU, the RUC compared the survey code to CPT code 95907 *Nerve conduction studies; 1-2 studies* (work RVU=1.00, intra-service time of 15 minutes, total time of 35 minutes) and noted that both services have identical physician times, while the survey code involves somewhat more physician intensity. **The RUC recommends a work RVU of 1.03 for CPT code 36440.**

36450 ***Exchange transfusion, blood; newborn***
The RUC reviewed the survey results from 44 pediatricians and agreed with the following physician time components: pre-service time of 30 minutes, intra-service time of 120 minutes, and post-service time of 30 minutes. The specialty society noted that this service is a double volume exchange transfusion. The specialty society noted that although the 364X1 procedure involves a sicker typical patient than code 36450, the double exchange involves substantially more physician time than the partial exchange code. The specialty society explained to the RUC that the typical patient has an estimated blood volume of 85 ml/kg and is 3.5 kg. The volume of blood needed for a double volume exchange for this patient is 595 ml. Typically, 15 ml is exchanged per pass, which will require 40 passes. The specialty society provided literature that supported each cycle taking 3 minutes. The RUC noted that this analysis supported the median intraservice time of 120 minutes. In addition, the RUC noted that the existing physician time from the Harvard study was not valid and had never been evaluated by the RUC in the past.

The RUC reviewed the survey median work RVU of 3.50 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 3.50, the RUC compared the survey code to CPT code 92523 *Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)* (work RVU=3.00, intra-service time of 120 minutes, total time of 157 minutes) and noted that both codes have identical intraservice times, while

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the survey code has much more total time and involves more intensity, supporting a higher work RVU for the survey code. The RUC also compared the survey code to CPT code 38230 *Bone marrow harvesting for transplantation; allogeneic* (work RVU=3.50, intra-service time of 90 minutes, total time of 175 minutes) and noted that both services have similar total times and involve a similar amount of total physician work, supporting a similar work RVU. **The RUC recommends a work RVU of 3.50 for CPT code 36450.**

36455 ***Exchange transfusion, blood; other than newborn***
The RUC reviewed the survey results from 77 pediatricians and agreed with the following physician time components: pre-service time of 30 minutes, intra-service time of 60 minutes, and post-service time of 30 minutes. The RUC noted that the existing physician time from the Harvard study was not valid and that this service had never been evaluated by the RUC in the past.

The RUC reviewed the survey 25th percentile work RVU and agreed that the survey responds had somewhat overvalued the physician work involved in performing this service. The specialty society noted that there was no compelling evidence to support an increase in the work RVU of this service. The RUC compared the survey code to CPT code 91117 *Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report* (work RVU= 2.45, intra-service time of 60 minutes, total time of 105 minutes) and noted that both services have identical intra-service time and similar intensity, whereas the survey code has more total time, which supports maintaining the work RVU for the survey code at 2.43. To further justify a work RVU of 2.43, the RUC compared the survey code to CPT code 95872 *Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied* (work RVU= 2.88, intra-service time of 60 minutes) and noted that both services have identical intra-service times, though the reference code involves more intense physician work, supporting a lower work RVU for the survey code. **The RUC recommends a work RVU of 2.43 for CPT code 36455.**

36460 ***Transfusion, intrauterine, fetal***
For the January 2016 RUC meeting, the American Congress of Obstetricians and Gynecologists submitted a letter to the RUC noting that CPT code 36460, is not part of the same code family as CPT code 364X1 and the RUC agreed, noting this service is performed by a different provider and involves a different patient (mother not newborn). The RUC also noted that this service was only had a Medicare utilization of 10 in 2014. **The RUC agreed with the specialty society that this service is not part of the same code family as 364X1.**

Practice Expense
There are no direct practice expense inputs for CPT codes 364X1, 36440, 36450 and 36455. These services are facility-only and do not require any clinical staff pre-service time.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●364X1	C1	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn *(Do not report 364X1 in conjunction with 36430, 36440, 36450)*	XXX	2.00
36440(f)	C2	Push transfusion, blood, 2 years or younger *(When a partial exchange transfusion is performed in a newborn, use 364X1)*	XXX	1.03 (No Change)
36450(f)	C3	Exchange transfusion, blood; newborn *(When a partial exchange transfusion is performed in a newborn, use 364X1)*	XXX	3.50
36455 (f)	C4	other than newborn	XXX	2.43 (No Change)
36460 (f)	C5	Transfusion, intrauterine, fetal	XXX	Not part of the code family – Not performed by pediatricians

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December 14, 2015

Peter Smith, MD
Chair, RUC
AMA
645 N Michigan Ave, Suite 800
Chicago, IL 60611

Re: Tab 12 Partial Exchange Transfusion (36460)

Dear Dr. Smith:

A new code for partial exchange transfusion (PET) was approved during the May 2015 CPT Editorial Panel meeting. Prior to release of the LOI for the October 2015 RUC meeting, CMS assigned several additional codes (36440, 36450, 36555, 36460) to the PET "family". ACOG does not believe CPT Code 36460 *Transfusion, intrauterine, fetal* is part of this PET family. CPT Code 36460 has both a different provider and a different patient (mother not newborn), which by definition makes it not part of the family. As such we are not submitting RUC recommendations for this code for the January 2016 RUC meeting.

Thank you,

George A. Hill, MD
ACOG RUC Advisor

cc: Sherry Smith

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

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Fayetteville, GA

December 15, 2015

Peter Smith, MD
Chairperson, AMA/Specialty Society RVS Update Committee
American Medical Association
AMA Plaza
330 N Wabash Ave
Chicago, IL 60611-5885

Re: Direct Practice Expense Inputs for Partial Exchange Transfusion (PET) Family of Codes (Tab 12/Tracking Codes C1-C4)

Dear Dr Smith:

Codes 364XX1 (*Partial exchange transfusion, blood, plasma or crystalloid, necessitating the skill of a physician or other qualified health care professional; newborn*), 36440 (*Push transfusion, blood, 2 years or younger*), 36450 (*Exchange transfusion, blood; newborn*), and 36455 (*Exchange transfusion, blood; other than newborn*) are among the codes being considered during the January 2016 RUC meeting.

The American Academy of Pediatrics (AAP) has conducted physician work surveys for codes 364XX1-36455 and developed work RVU recommendations based on the survey results. However, since the services described by codes 364XX1-36455 typically occur in the facility setting, we recommend no direct practice expense inputs for codes 364XX1-36455.

If you have any questions, please contact Linda Walsh, AAP staff, at 847/434-7931 or lwalsh@aap.org. Thank you.

Sincerely,

Steven E. Krug, MD, FAAP
AAP RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:364X1 Tracking Number C1 Original Specialty Recommended RVU: **2.00**
Presented Recommended RVU: **2.00**
Global Period: XXX RUC Recommended RVU: **2.00**

CPT Descriptor: Partial exchange transfusion, blood, plasma or crystalloid; newborn

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 3-kilogram, full-term newborn is admitted to the neonatal intensive care unit (NICU) due to respiratory distress. Her chest x-ray is clear. Her central hematocrit is 72% consistent with polycythemia. An echocardiogram shows pulmonary hypertension.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 18%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Discuss care plan with parents and obtain consent. After the neonate's blood volume is determined and a target hematocrit chosen, the physician places order for blood products and/or fluid. The physician scrubs and puts on sterile gown, gloves, and mask.

Description of Intra-Service Work: An exchange transfusion kit is attached to the vascular access by the physician who continues to use strict sterile technique throughout the procedure. The physician slowly removes small aliquots of blood from the patient (5 ml/kg), discards the blood, draws up the replacement fluid (pRBC for anemia or saline for polycythemia) in an equal volume to what has be removed and manually infuses it into the patient. Each cycle of removal and infusion takes several minutes to achieve. These cycles are continued until the total desired amount of fluid has been exchanged.

Description of Post-Service Work: Following the procedure, the physician obtains post-PET laboratory tests to confirm that the desired hematocrit has been achieved and to detect any hematologic or electrolyte disturbances. The physician documents a procedure note that addresses procedure characteristics such as type of vascular access, volume exchanged, and type of replacement fluid.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Steve Krug, MD, FAAP and Stephen Pearlman, MD, FAAP		
Specialty(s):	American Academy of Pediatrics		
CPT Code:	364X1		
Sample Size:	224	**Resp N:** 47	**Response:** 20.9 %
Description of Sample:	RUC Research SubC approved targeted sample of AAP Section on Neonatal & Perinatal Medicine members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	4.50	100.00
Survey RVW:	1.08	2.00	**2.45**	2.95	18.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	30.00	**60.00**	60.00	120.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	364X1	**Recommended Physician Work RVU: 2.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99222	XXX	2.61	**RUC Time**

CPT Descriptor Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99233	XXX	2.00	**RUC Time**

CPT Descriptor Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99239	XXX	1.90	**RUC Time**	4,143,060

CPT Descriptor 1 Hospital discharge day management; more than 30 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99349	XXX	2.33	**RUC Time**	1,103,340

CPT Descriptor 2 Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the

presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 40.4 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 23.4 **%**

TIME ESTIMATES (Median)	**CPT Code:** 364X1	**Top Key Reference CPT Code:** 99222	**2nd Key Reference CPT Code:** **99233**
Median Pre-Service Time	15.00	15.00	10.00
Median Intra-Service Time	30.00	40.00	30.00
Median Immediate Post-service Time	15.00	20.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**60.00**	**75.00**	**55.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.53	0.82

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.74	0.73
Urgency of medical decision making	1.32	1.36

Technical Skill/Physical Effort (Mean)

Technical skill required	1.37	1.27
Physical effort required	1.16	1.27

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.32	1.27
Outcome depends on the skill and judgment of physician	1.26	0.82
Estimated risk of malpractice suit with poor outcome	1.32	0.91

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.05	1.27

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

An AAP expert panel reviewed the survey results and recommends the 25th percentile work RVU (wRVU) and times:

wRVU: 2.00

Pre-service time: 15 minutes

Intra-service time: 30 minutes

Post-service time: 15 minutes

It is conceivable that surveyees may have included scrub, dress, and preparation time in the intra-service time. Therefore, we believe that that 25th percentile times and wRVU most accurately represent this procedure.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Partial exchange transfusion is the standard of care for neonates with severe polycythemia or severe chronic anemia who meet specific criteria and, therefore, is typically reported with a NICU E/M code (eg, 99468).

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 364XX1 (XXX global; 2.00 wRVU; 15/30/15) plus 99468 (XXX global; 18.46 wRVU; 45/180/48.80)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36450-52 Exchange transfusion, blood; newborn, with modifier 52 appended

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. According to a large database of NICUs, the incidence of Partial Exchange Transfusion is approximately 3 per 10,000 deliveries. With 4 million annual deliveries in the US, there should be approximately 1200 PETs.

Specialty Pediatrics Frequency 1200 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. N/A

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 36450

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36440 Tracking Number C2 Original Specialty Recommended RVU: **1.03**
Presented Recommended RVU: **1.03**
Global Period: XXX RUC Recommended RVU: **1.03**

CPT Descriptor: Push transfusion, blood, 2 years or younger

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: At delivery a newborn infant suffers a torn umbilical cord. The infant appears pale and has tachycardia. O negative blood is immediately administered as a push transfusion by the physician.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 8%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Attend delivery of infant with a history of acute blood loss. Assessment of a newborn at the time of delivery reveals signs of hypovolemia. Based on acute decompensation and history, physician decides to order unmatched blood and resuscitation fluids on an emergent basis. The physician scrubs and puts on sterile gown, gloves, and mask.

Description of Intra-Service Work: Physician will give an initial normal saline bolus as volume if blood cells are not immediately available. The ordered blood arrives and physician pushes the blood (20 ml/kg) slowly monitoring vital signs throughout.

Description of Post-Service Work: Continue to monitor vital signs. Assess the need for additional transfusion. Document care provided. Discuss the need for emergent transfusion with the parents.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Steve Krug, MD, FAAP and Stephen Pearlman, MD, FAAP		
Specialty(s):	American Academy of Pediatrics		
CPT Code:	36440		
Sample Size:	224	**Resp N:** 41	**Response:** 18.3 %
Description of Sample:	RUC Research SubC approved targeted sample of AAP Section on Neonatal & Perinatal Medicine members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	3.00	100.00
Survey RVW:	0.50	1.20	**1.70**	2.85	15.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**20.00**	30.00	120.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	36440	**Recommended Physician Work RVU: 1.03**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
94004	XXX	1.00	**RUC Time**

CPT Descriptor Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99222	XXX	2.61	**RUC Time**

CPT Descriptor Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99282	XXX	0.88	**RUC Time**	406,357

CPT Descriptor 1 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11440	010	1.05	**RUC Time**	36,441

CPT Descriptor 2 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 39.0 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 34.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 36440	Top Key Reference CPT Code: 94004	2nd Key Reference CPT Code: 99222
Median Pre-Service Time	10.00	10.00	15.00
Median Intra-Service Time	15.00	15.00	40.00
Median Immediate Post-service Time	10.00	10.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**35.00**	**35.00**	**75.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.06	0.43
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.19	0.43
Urgency of medical decision making	1.44	1.79

Technical Skill/Physical Effort (Mean)

Technical skill required	0.25	1.43
Physical effort required	0.88	1.21

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.00	1.79
Outcome depends on the skill and judgment of physician	0.63	1.36
Estimated risk of malpractice suit with poor outcome	1.00	1.64

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.75	1.36

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

An AAP expert panel reviewed the survey results and recommends the existing wRVU and 25th percentile times:

wRVU: 1.03

Pre-service time: 10 minutes

Intra-service time: 15 minutes

Post-service time: 10 minutes

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☒ Other reason (please explain) Typically reported with a NICU E/M code (eg, 99468)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 36440 (XXX global; 1.03 wRVU; 10/15/10) plus 99468 (XXX global; 18.46 wRVU; 45/180/48.80)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36440

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 16
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2009 Medicaid claims data

Specialty Pediatrics Frequency 16 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. N/A

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36440

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36450 Tracking Number C3 Original Specialty Recommended RVU: **3.50**
Presented Recommended RVU: **3.50**
Global Period: XXX RUC Recommended RVU: **3.50**

CPT Descriptor: Exchange transfusion, blood; newborn

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A four day old male infant has an ABO incompatibility. Despite intense phototherapy, the bilirubin rises to 28.0 mg/dl. A double volume exchange transfusion is performed by the physician.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 20%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Based on current recommendations for the care of infants with hyperbilirubinemia, physician establishes the need for a double volume exchange transfusion. Discuss care plan with parents and obtain consent. Perform calculations to determine the amount of blood needed and how it should be prepared by the blood bank. The physician scrubs and puts on sterile gown, gloves, and mask.

Description of Intra-Service Work: Using sterile technique, an exchange transfusion kit is attached to the vascular access by the physician, who continues to use strict sterile technique throughout the procedure. The physician slowly removes small aliquots of blood from the patient (5 ml/kg), discards the blood, draws up the replacement packed red blood cells (pRBC) in an equal volume to what has be removed and manually infuses it into the patient. Each cycle of removal and infusion takes several minutes to achieve. These cycles are continued until the total desired amount of fluid has been exchanged.

Description of Post-Service Work: Following the procedure, the physician obtains post-exchange transfusion laboratory tests to confirm that the desired level of bilirubin has been achieved and to detect any hematologic or electrolyte disturbances. The physician documents a procedure note that addresses procedure characteristics such as type of vascular access, volume exchanged, and any complications.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Steve Krug, MD, FAAP and Stephen Pearlman, MD, FAAP		
Specialty(s):	American Academy of Pediatrics		
CPT Code:	36450		
Sample Size:	224	**Resp N:** 44	**Response:** 19.6 %
Description of Sample:	RUC Research SubC approved targeted sample of AAP Section on Neonatal & Perinatal Medicine members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	3.00	100.00
Survey RVW:	1.08	3.00	**3.50**	4.39	22.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	30.00	75.00	**120.00**	120.00	300.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	36450	**Recommended Physician Work RVU: 3.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**0.00**	**30.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**0.00**	**30.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99222	XXX	2.61	**RUC Time**

CPT Descriptor Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99350	XXX	3.28	**RUC Time**

CPT Descriptor Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99327	XXX	3.46	**RUC Time**	51,412

CPT Descriptor 1 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15004	000	4.58	**RUC Time**	23,056

CPT Descriptor 2 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 22 **% of respondents:** 50.0 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 31.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 36450	**Top Key Reference CPT Code:** 99222	**2nd Key Reference CPT Code:** **99350**
Median Pre-Service Time	30.00	15.00	15.00
Median Intra-Service Time	120.00	40.00	75.00
Median Immediate Post-service Time	30.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**180.00**	**75.00**	**110.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.27	0.14
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.64	0.79
Urgency of medical decision making	1.32	1.43
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.41	1.71
Physical effort required	1.64	1.79
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.82	1.71
Outcome depends on the skill and judgment of physician	1.32	1.57
Estimated risk of malpractice suit with poor outcome	1.64	1.79

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.59	1.43

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

An AAP expert panel reviewed the survey results and recommends the median work RVU (wRVU) and times:

wRVU: 3.50
Pre-service time: 30 minutes
Intra-service time: 120 minutes
Post-service time: 30 minutes

The calculation for a 36450 double volume exchange transfusion for a four day old infant with a bilirubin of 28.0 mg/dl due to ABO incompatibility is as follows:

3.5 kg patient with estimated blood volume 85 ml/kg

Formula for the amount of blood to exchanged = *Weight in kg x Blood Volume (Actual Hematocrit-Desired Hematocrit/Actual Hematocrit)*

Volume of blood needed for a double volume exchange= 3.5 x 85 x 2 = 595 ml

Typically, 15 ml is exchanged per pass, which will require 40 passes (595÷15). According to *Neonatology: management, procedures, on-call problems, diseases, and drugs* **(TL Gomella (Editor); Seventh Edition; McGraw Hill (New York); 2013), each cycle typically takes 3 minutes.**

Therefore, the typical double volume exchange transfusion will take 120 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) Typically reported with a NICU E/M code (eg, 99468)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting

each CPT code in your scenario. 36450 (XXX global; 3.50 wRVU; 30/120/30) plus 99468 (XXX global; 18.46 wRVU; 45/180/48.80)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36450

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 170
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2009 Medicaid claims data

Specialty Pediatrics Frequency 170 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. N/A

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36450

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36455 Tracking Number C4 Original Specialty Recommended RVU: **2.43**
Presented Recommended RVU: **2.43**
Global Period: XXX RUC Recommended RVU: **2.43**

CPT Descriptor: Exchange transfusion, blood; other than newborn

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A four year old with sickle cell anemia has an upper respiratory infection and suddenly develops pallor and shock-like symptoms. Her hemoglobin is 4.5 g/dl.

Percentage of Survey Respondents who found Vignette to be Typical: 75%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 70%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 15%

Description of Pre-Service Work: Determine need for exchange transfusion through assessment of the infant, child, or adolescent based on current recommendations (eg, patient with sickle cell disease with acute chest syndrome). Based upon patient weight, calculate the blood volume to be exchanged. Place order for the appropriate blood products. Discuss care plan with family and obtain informed consent. The physician scrubs and puts on sterile gown, gloves, and mask.

Description of Intra-Service Work: Verify blood product volume and expiration times. Withdraw the aliquot volume and replace with same volume of blood product until predetermined blood volume has been exchanged.

Description of Post-Service Work: Document care provided and counsel family. Evaluate post-transfusion blood count and other laboratory tests as needed (eg, percentage of hemoglobin SS). Based on clinical status and lab work, assess the need for additional exchange transfusion.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Steve Krug, MD, FAAP and Stephen Pearlman, MD, FAAP				
Specialty(s):	American Academy of Pediatrics				
CPT Code:	36455				
Sample Size:	916	**Resp N:**	77	**Response:** 8.4 %	
Description of Sample:	RUC Research SubC approved targeted sample of AAP Section on Neonatal & Perinatal Medicine members and AAP Section on Critical Care members				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	3.00	50.00
Survey RVW:	0.00	2.50	**3.20**	4.00	22.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	35.00	**60.00**	120.00	300.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	36455	**Recommended Physician Work RVU: 2.43**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**0.00**	**30.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**0.00**	**30.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99222	XXX	2.61	**RUC Time**

CPT Descriptor Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99350	XXX	3.28	**RUC Time**

CPT Descriptor Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99349	XXX	2.33	**RUC Time**	1,103,340

CPT Descriptor 1 Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99336	XXX	2.46	**RUC Time**	1,086,479

CPT Descriptor 2 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 43 **% of respondents:** 55.8 **%**

Number of respondents who choose 2nd Key Reference Code: 17 **% of respondents:** 22.0 **%**

TIME ESTIMATES (Median)	**CPT Code:** 36455	**Top Key Reference CPT Code:** 99222	**2nd Key Reference CPT Code:** **99350**
Median Pre-Service Time	30.00	15.00	15.00
Median Intra-Service Time	60.00	40.00	75.00
Median Immediate Post-service Time	30.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**120.00**	**75.00**	**110.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.33	1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.70	1.53
Urgency of medical decision making	1.44	1.82
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.33	1.76
Physical effort required	1.28	1.76
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.35	1.88
Outcome depends on the skill and judgment of physician	0.93	1.65
Estimated risk of malpractice suit with poor outcome	1.19	1.76

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.12	1.82

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Typically reported with critical care code (eg, 99291)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 36450 (XXX global; 2.43 wRVU; 20/35/15) plus 99291 (XXX global; 4.50 wRVU; 15/40/15)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36455

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1436
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2009 Medicaid claims data

Specialty Pediatrics Frequency 1436 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. N/A

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36455

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Partial Exchange Transfusion (PET) Family

TAB: 12

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	99222	Initial hospital care		0.046			2.61			75	15					40			20																			
2nd REF	99233	Subsequent hospital care		0.048			2.00			55	10					30			15																			
CURRENT				#DIV/0!						0																													
SVY	364X1	Partial exchange transfusion, blood, plasma or crystalloid; newborn	47	0.022	1.08	2.00	2.45	2.95	18.00	110	30			10	30	60	60	120	20																			
REC	364X1	Partial exchange transfusion, blood, plasma or crystalloid; newborn		0.044			2.00			60	15					30			15																			

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	94004	Ventilation assist and management		0.037			1.00			35	10					15			10																			
2nd REF	99222	Initial hospital care		0.046			2.61			75	15					40			20																			
CURRENT	36440	Push transfusion, blood, 2 years or younger		0.019			1.03			51	11					31			9																			

12
Tab Number

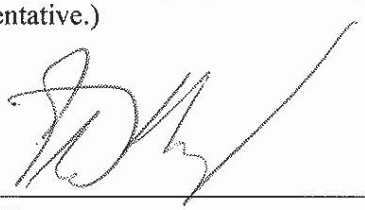
Partial Exchange Transfusion Family
Issue

364XX1-36440-36450-36455
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Steven E. Krug, MD, FAAP
Printed Signature

American Academy of Pediatrics (AAP)
Specialty Society

10/28/15
Date

Tab #12
Tab #18
Tab #34
Tab #35
Tab #37
Tab Number

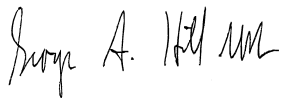
Partial Exchange Transfusion
Laparoscopic Radiofrequency Ablation of Uterine Fibroids
Electromyography Studies
Cystourethroscopy
Hysteroscopy
Issue

36460
585X1
51784
52000
58555-58563
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

George A. Hill, MD
Printed Signature

American Congress of Obstetricians and Gynecologists (ACOG)
Specialty Society

December 14, 2015
Date

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2016

Mechanochemical (MOCA) Vein Ablation

At the October 2015 CPT meeting, the CPT Editorial Panel established two Category I codes for reporting venous mechanochemical ablation.

36X41 ***Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated***
The RUC reviewed the survey results from 91 physicians and agreed with the following physician time components: pre-service time of 31minutes (standard pre-time package 6A with 3 minutes added to positioning and 5 minutes added to scrub/dress/wait), intra-service time of 30 minutes, and post-service time of 15 minutes (standard post-time package 7A minus 3 minutes).

The RUC reviewed the survey respondents' physician work values for CPT code 36X41 and agreed with the specialty that the survey respondents overvalued the work involved in performing this service. To determine an appropriate work value for 36X41, the RUC reviewed MPC code 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU= 3.50, intra-service time of 30 minutes, total time of 79 minutes) and noted that both services have identical intra-service time, as well as similar physician work and total time. Given these similarities, the RUC recommends a work RVU of 3.50, which is a direct crosswalk to CPT code 52214. To justify a work RVU of 3.50, the RUC reviewed CPT code 45380 *Colonoscopy, flexible; with biopsy, single or multiple* (work RVU= 3.66, intra-service time of 28 minutes, total time of 70 minutes) and noted that the survey code has more intra-service and total time, while also involving a similar amount of physician work. **The RUC recommends a work RVU of 3.50 for CPT code 36X41.**

364X2 ***Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 74 physicians and agreed with the following physician time components: intra-service time of 30 minutes.

The RUC reviewed the survey respondents' physician work values for CPT code 364X2 and agreed with the specialty that the survey respondents overvalued the work involved in performing this service. To determine an appropriate work value for 364X2, the RUC reviewed CPT code 49435 *Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)* (work RVU= 2.25, intra-service time of 30 minutes) and noted that both services have identical intra-service time and involve

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a similar amount of physician work. Given these similarities, the RUC recommends a work RVU of 2.25, which is a direct crosswalk to CPT code 49435. To justify a work RVU of 2.25, the RUC reviewed MPC code 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* (work RVU= 2.25, intra-service time of 30 minutes) and noted that both services have identical intra-service time and a similar amount of physician work. In addition, the RUC observed that, compared to the radiofrequency ablation (RFA) and endovascular laser treatment (EVLT) families of services, the total time ratio between the base code and add-on code for MOCA vein ablation is much smaller. This distinction supports a narrower RVU differential for the MOCA base code and add-on code, when compared to the larger gap between the RFA/EVLT base and add-on codes. **The RUC recommends a work RVU of 2.25 for CPT code 364X2.**

36475 ***Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated***
The RUC briefly discussed CPT code 36475, noting that it was last surveyed for the April 2014 RUC meeting. The RUC agreed that the existing RVU and times for this service are appropriate. **The RUC reaffirmed the work RVU of 5.30 for CPT code 36475.**

36476 ***Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)***
The RUC briefly discussed CPT code 36476, noting that it was last surveyed for the April 2014 RUC meeting. The RUC agreed that the existing RVU and times for this service are appropriate. **The RUC reaffirmed the work RVU of 2.65 for CPT code 36476.**

36478 ***Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated***
The RUC briefly discussed CPT code 36478, noting that it was last surveyed for the April 2014 RUC meeting. The RUC agreed that the existing RVU and times for this service are appropriate. **The RUC reaffirmed the work RVU of 5.30 for CPT code 36478.**

36479 ***Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)***
The RUC briefly discussed CPT code 36479, noting that it was last surveyed for the April 2014 RUC meeting. The RUC agreed that the existing RVU and times for this service are appropriate. **The RUC reaffirmed the work RVU of 2.65 for CPT code 36479.**

New Technology
CPT codes 36X41 and 364X2 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and specifically review utilization trends.

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Practice Expense
The RUC reviewed and approved the direct practice expense inputs with the minor modifications as approved by the Practice Expense Subcommittee.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Vascular Injection Procedures
Venous
Venipuncture, needle or…
36460 *Transfusion, intrauterine, fetal*
(Do not report modifier 63 in conjunction with 36460)
(For radiological supervision and interpretation, use 76941)
Codes 36468, 36470, and 36471 describe sclerotherapy of telangiectasia and/or incompetent veins. Ultrasound guidance, when performed, is not included and may be reported separately. When performed in the office setting, all required supplies and equipment are inherent to the procedure and not separately reportable.
36468 *Single or multiple injections of sclerosing solutions, spider veins (telangiectasia), limb or trunk*
(Do not report 36468 in conjunction with 37241 in the same surgical field)
(36469 has been deleted)
36470 *Injection of sclerosing solution; single vein*
36471 *multiple veins, same leg*
(For vascular embolization and occlusion procedures, see 37241, 37242, 37243, 37244)
(Do not report 36470, 36471 in conjunction with 37241 in the same surgical field)

Codes 36X41-36479 describe endovascular ablation therapy of incompetent extremity vein(s). Codes 36X41 and 364X2 (mechanochemical ablation) are performed under local anesthesia and involve concomitant use of an intraluminal device that mechanically disrupts/abrades the venous intima and infusion of a physician-specified medication in the target vein(s). Sclerosant injection by either needle or catheter followed by a compression technique is not mechanochemical vein ablation. Codes 36475 and 36476 (radiofrequency ablation) and 36478 and 36479 (laser ablation) are performed under tumescent anesthesia. All imaging guidance and monitoring is inherent to all six endovascular ablation therapy codes. In addition, when performed in the office setting, all required supplies and equipment are inherent to the procedure and not separately reportable. The add-on codes for subsequent vein(s) treated in the same extremity may only be reported once per extremity, regardless of the number of additional vein(s) treated.

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●36X41	Q1	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	000	3.50
●✚364X2	Q2	subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) *(Use 364X2 in conjunction with 36X41)* *(Do not report 364X2 more than once per extremity)* *(Do not report 36X41, 364X2 in conjunction with 29581, 29582, 36000, 36002, 36005, 36410, 36425, 36475, 36476, 36478, 36479, 37241, 75894, 76000, 76001, 76937, 76942, 76998, 77022, 93970, 93971 in the same surgical field)* *(For catheter injection of sclerosant without concomitant endovascular mechanical disruption of the vein intima, use 37799)* *(For catheter injection of an adhesive, use 37799)*	ZZZ	2.25
36475 (f)	Q3	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	000	5.30 (Reaffirmed April 2014 RUC Recommendation)
✚▲36476	Q4	~~second and~~ subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) *(Use 36476 in conjunction with 36475)* *(Do not report 36476 more than once per extremity)* *(Do not report 36475, 36476 in conjunction with 29581, 29582, 36000, 36002, 36005, 36410, 36425, 36478, 36479, 37241-37244, 75894, 76000, 76001, 76937, 76942, 76998, 77022, 93970, 93971 in the same surgical field)*	ZZZ	2.65 (Reaffirmed April 2014 RUC Recommendation)

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36478 (f)	Q5	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	000	5.30 (Reaffirmed April 2014 RUC Recommendation)
✚▲36479	Q6	~~second and~~ subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) *(Use 36479 in conjunction with 36478)* *(Do not report 36479 more than once per extremity)* *(Do not report 36478, 36479 in conjunction with 29581, 29582, 36000, 36002, 36005, 36410, 36425, 36475, 36476, 37241, 75894, 76000, 76001, 76937, 76942, 76998, 77022, 93970, 93971 in the same surgical field)*	ZZZ	2.65 (Reaffirmed April 2014 RUC Recommendation)

Vascular Embolization and Occlusion

⦿*37241* *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)*

(For sclerosis of veins or endovenous ablation of incompetent extremity veins, see 36468-36479)

(Do not report 37241 in conjunction with 36468, 36470, 36471, 36X41, 364X2, 36475-36479, 75894, 75898 in the same surgical field)

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October 15, 2015

M. Douglas Leahy, MD
Chair, Research Subcommittee
AMA – RUC
645 N Michigan Ave, Suite 800
Chicago, IL 60611

Re: RSL Review

Dear Dr. Leahy:

The CPT Editorial Panel recently approved two new CPT codes to describe Mechanochemical (MOCA) Vein Ablation. CPT Codes 364X1, 364X2 were recently included on the January 2016 RUC meeting new/revised LOI form. CPT Code 36475, 36476, 36478 and 36479 were included on the LOI as part of the family codes to be reviewed. Those four vein codes were recently surveyed in April 2014. The specialty societies do not plan to re-survey those codes for the upcoming meeting. We plan to use those codes on our reference service list for the MOCA RUC survey.

We request a research subcommittee review of the RSL we plan to use for the MOCA survey. Attached is the RSL with all the requested data points. Thank you for reviewing our request. We look forward to discussing this on the October 20th conference call.

Sincerely,



Matthew Sideman, MD

cc: Michael Morrow
Robert Zwolak, MD
Michael Hall, MD

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36X41 Tracking Number Q1 Original Specialty Recommended RVU: **3.50**
Presented Recommended RVU: **3.50**
Global Period: 000 RUC Recommended RVU: **3.50**

CPT Descriptor: Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great saphenous vein insufficiency with resultant superficial varicosities. She chooses to undergo mechanochemical ablation therapy under local anesthesia utilizing an intraluminal device that mechanically disrupts/abrades the venous intima and disperses a physician-selected medication into the insufficient great saphenous vein.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies, are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed supine and the leg is positioned to allow access to the vein to be treated. Local anesthesia is instilled at access site prior to vein access and continue local anesthesia as needed throughout procedure.

Description of Intra-Service Work: Ultrasound guidance is utilized to localize primary target vein (eg, great saphenous vein) as well as map and mark entire length of target vein. Vein is accessed under ultrasound guidance (not separately reportable). Guidewire is introduced using Seldinger technique. Dilator is advanced over guidewire. Dilator is exchanged for sheath. Treatment catheter is advanced under ultrasound guidance to treatment area. Mechanochemical ablation is initiated through the catheter. This involves the use of an intraluminal device that infuses a physician-specified medication in the target vein as well as mechanically disrupts the venous intima. The catheter and sheath are removed.

Description of Post-Service Work: Desired outcome of primary treated vessel and any possible thrombus extension is documented with ultrasound. Blood flow status is documented. Simple dressing is applied to access site. Neurovascular status is checked. Appropriate type of compression stocking is applied to the entire extremity. The patient is transported to recovery. Permanent reports are created for the medical record and copies of the reports are sent to the patient's referring physician

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Hall, MD, Jerry Niedzwiecki, MD and Mark Forrestal, MD		
Specialty(s):	Vascular Surgery and Interventional Radiology		
CPT Code:	36X41		
Sample Size:	1738	**Resp N:** 91	**Response:** 5.2 %
Description of Sample:	SVS - 938 randomly selected US/MD members SIR - 500 randomly selected US/MD members ACPh - 300 randomly selected US/MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	15.00	480.00
Survey RVW:	3.10	5.30	**5.30**	5.48	9.22
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	10.00	30.00	**30.00**	45.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	36X41	**Recommended Physician Work RVU: 3.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**17.00**	**17.00**	**0.00**
Pre-Service Positioning Time:		**4.00**	**1.00**	**3.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**5.00**	**5.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**15.00**	**18.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36475	000	5.30	**RUC Time**

CPT Descriptor Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35478	000	5.30	**RUC Time**

CPT Descriptor Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.78	**RUC Time**	68,721

CPT Descriptor 1 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	48,723

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 50.5 **%**

Number of respondents who choose 2nd Key Reference Code: 30 **% of respondents:** 32.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 36X41	**Top Key Reference CPT Code:** 36475	**2nd Key Reference CPT Code:** **35478**
Median Pre-Service Time	31.00	20.00	38.00
Median Intra-Service Time	30.00	30.00	30.00
Median Immediate Post-service Time	15.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**76.00**	**65.00**	**83.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.07	0.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.07	0.07
Urgency of medical decision making	-0.04	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.20	0.17

Physical effort required	0.00	-0.07

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.07	0.17
Outcome depends on the skill and judgment of physician	0.13	0.17
Estimated risk of malpractice suit with poor outcome	0.13	0.10

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**

Time Segment (Mean)

Overall intensity/complexity	0.09	0.13

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Mechanochemical endovenous ablation (MOCA) of incompetent veins represent a new technology in the treatment of venous insufficiency. The procedure is similar to endovenous thermal ablation (e.g. radiofrequency, laser) in that a catheter is inserted into the vein to be treated under ultrasound guidance. It differs from thermal ablation in that it uses mechanical irritation and chemical infusion to achieve ablation of the treated vein without the need for tumescent anesthesia. Two new codes were created by CPT to capture the work of MOCA. They are 36X41 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated* and 364X2 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure).*

Methodology

A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the SVS, SIR, and the American College of Phlebology (ACP). The codes for endovenous thermal ablation of incompetent veins were recently reviewed by the RUC and approved by CMS. With the approval of the research subcommittee, these codes were placed on the reference service list for use as potential comparators.

Results of Survey

A total of 2676 survey requests were sent out with 91 responses received for a survey response rate of 3%. The results of the survey showed an extremely tight distribution with no statistical differences between the median and 25th percentile for both codes. Furthermore, the recommended RVU for both codes was identical to the RVU of the thermal ablation codes, despite 1/3rd less intra-service time for 36X41. The expert panel

convened to discuss these results and decided that the survey respondents had been inadvertently misled by the RSL and failed to consider the differences in time and intensity when making their recommendations. They overwhelmingly decided that the work of treating incompetent veins was the same regardless of technique. We therefore decided to set aside the survey results and make RVU recommendations base on crosswalks.

Work RVU Recommendation

We are recommending a crosswalk to CPT code 52214 for a value of 3.50*** RVW for 36X41.

Pre-service and post-service time

Pre-time package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) is appropriate with addition time added as outlined below. Post-service time package 7A is appropriate for these procedures.

1. Positioning: The standard package allows for 1 minute to position the patient supine. This position does not provide adequate access to the saphenous vein for the procedure. The patient must be positioned with the leg slightly bent and externally rotated to gain access to the vein. The patient must then be supported comfortably in this position as they need to maintain it for the duration of the procedure. The societies feel that these additional steps in positioning justify adding 3 minutes to the standard package.

2. Scrub, dress, and wait: An additional 5 minutes has been added to pre-service scrub, dress, and wait time. Although the package includes time for *administer local/topical anesthesia*, there are no minutes for *dress and scrub for procedure*. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff. As such, the societies recommend adding 5 minutes to mirror the time allotted for *dress and scrub for procedure* in the facility packages. The total time of 10 minutes is reflected in the survey median.

Comparison to crosswalk code

The crosswalk code chosen by expert panel is CPT code 52214 (*Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands*). This crosswalk code is similar to 36X41 in that they have identical intra-service times and very similar overall times and intensities. We feel this code represents a very accurate crosswalk for 36X41 and recommend the value of 3.50 RVW.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
36X41	3.50	0.087	76	17	4	10	30	15
52214	3.50	0.082	79	19	5	5	30	20

Comparison to key reference codes

The key reference codes chosen by the majority of the survey respondents were 36475 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated* (49%) and 36478 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated* (33%). These key references are similar to 36X41 in the sense that they are all endoluminal venous procedures to treat venous insufficiency. The primary difference between 36X41, 36475 and 36478 is in the intra-service time and intensity. CPT 36X41 has 1/3rd less intra-service time than the key reference codes. Clinically, this is accounted for in the need for tumescence in the key reference codes. The pre-service and post-service times are almost identical. Subtracting 1/3rd of the RVW to account for the lesser intra-service time in 36X41 would

predict an RVW of 3.53. This comparison thus favorably supports our crosswalk recommendation value of 3.50 for CPT 36X41.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
36475 Key Ref	5.30	0.097	94	20	4	10	45	15
35478 Key Ref	5.30	0.097	94	20	4	10	45	15
36X41	3.50	0.087	76	17	4	10	30	15

Comparison to MPC codes

Comparison with MPC List Code, 31622

MPC 31622 *(Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm))* is a 0-day global MPC service with similar intra-service time and intensity to 36X41. Both 31622 and 36X41 require technical skill to complete successfully. MPC 31622 and 36X41 have identical intra-service times and almost identical intensities. The pre- and post-service times have minor variations. In conclusion, comparison with this MPC code justifies our recommended crosswalk value of 3.50 RVW for 36X41.

Comparison with MPC List Code, 37191

MPC 37191 *(Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed)* is a 0-day global MPC service with similar times and intensity to 36X41. Both 36X41 and 37191 are endoluminal venous procedures that require technical skill to complete successfully. They have identical intra-service times but different intensities accounting for the different RVWs. Comparison with MPC 37191 supports our recommendation for the crosswalk value of 3.50 RVW for 36X41.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
31622 MPC	2.78	0.069	65	10	5	5	30	15
36X41	3.50	0.087	76	17	4	10	30	15
37191 MPC	4.71	0.120	83	30	3	5	30	15

Conclusion

Comparison with our crosswalk code of 52214, key reference services, and comparison with two MPC codes supports our crosswalk recommendation of 3.50 RVW for CPT code 36X41.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 25000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Thermal ablation of an incompetent vein is a common procedure, with a Medicare incidence in 2014 of 177,903 claims for the initial vein (CPT 36475 and 36478) and 21,478 for the secondary vein (CPT 36476 and 36479). Mechanochemical ablation (364X1, 364X2) will be performed based on provider and patient preference in lieu of other ablation techniques, and therefore, utilization is difficult to estimate. Information provided by the manufacturer indicates a 2015 national (both Medicare and non-Medicare) projected utilization above 25,000.

Specialty Vascular Surgery Frequency 6752 Percentage 27.00 %

Specialty Interventional Radiology Frequency 2500 Percentage 10.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Thermal ablation of an incompetent vein is a common procedure, with a Medicare incidence in 2014 of 177,903 claims for the initial vein (CPT 36475 and 36478) and 21,478 for the secondary vein (CPT 36476 and 36479). Mechanochemical ablation (364X1, 364X2) will be performed based on provider and patient preference in lieu of other ablation techniques, and therefore, utilization is difficult to estimate. Information provided by the manufacturer indicates a 2015 national (both Medicare and non-Medicare) projected utilization above 25,000.

Specialty Vascular Surgery Frequency 0 Percentage 0.00 %

Specialty Interventional Radiology Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37197

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code: 364X2 Tracking Number Q2 Original Specialty Recommended RVU: **2.25**
Presented Recommended RVU: **2.25**
Global Period: ZZZ RUC Recommended RVU: **2.25**

CPT Descriptor: Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great and small saphenous vein insufficiency with resultant superficial varicosities. She chooses to undergo mechanochemical ablation therapy under local anesthesia utilizing an intraluminal device that mechanically disrupts/abrades the venous intima and disperses physician-selected medication into the insufficient great and small saphenous veins.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Ultrasound guidance is utilized to localize a second primary target vein access site. Local anesthetic is injected at access site. Ultrasound guidance is utilized to map and mark entire length of target vein. Vein is accessed under ultrasound guidance (not separately reportable). Guide wire is introduced using Seldinger technique. Dilator is advanced over guidewire. Dilator is exchanged for sheath. Treatment catheter is advanced under ultrasound guidance to treatment area. Mechanochemical ablation is initiated through the catheter. This involves the use of an intraluminal device that infuses a physician-specified medication in the target vein as well as mechanically disrupts the venous intima. The catheter and sheath are removed. Desired outcome of primary treated vessel and any possible thrombus extension is documented with ultrasound. Blood flow status is documented. Simple dressing is applied to access site. Neurovascular status is checked. Appropriate type of compression stocking is applied to the entire extremity.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Hall, MD, Jerry Niedzwiecki, MD and Mark Forrestal, MD		
Specialty(s):	Vascular Surgery and Interventional Radiology		
CPT Code:	364X2		
Sample Size: 1738	**Resp N:** 74	**Response:** 4.2 %	
Description of Sample:	SVS - 938 randomly selected US/MD members SIR - 500 randomly selected US/MD members ACPh - 300 randomly selected US/MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	5.00	240.00
Survey RVW:	1.75	2.65	**2.65**	2.79	6.50
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	20.00	**30.00**	30.00	60.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	364X2	**Recommended Physician Work RVU: 2.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36476	ZZZ	2.65	**RUC Time**

CPT Descriptor Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36479	ZZZ	2.65	**RUC Time**

CPT Descriptor inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	456,453

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	**RUC Time**	8,063

CPT Descriptor 2 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 36 **% of respondents:** 48.6 **%**

Number of respondents who choose 2nd Key Reference Code: 29 **% of respondents:** 39.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 364X2	Top Key Reference CPT Code: 36476	2nd Key Reference CPT Code: **36479**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	30.00	30.00	30.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**30.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.11	0.10
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.11	0.03
Urgency of medical decision making	-0.08	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.31	0.14

Physical effort required	0.14	-0.03

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.11	0.14
Outcome depends on the skill and judgment of physician	0.28	0.21
Estimated risk of malpractice suit with poor outcome	0.19	0.03

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**

Time Segment (Mean)

Overall intensity/complexity	0.22	0.07

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Mechanochemical endovenous ablation (MOCA) of incompetent veins represent a new technology in the treatment of venous insufficiency. The procedure is similar to endovenous thermal ablation (e.g. radiofrequency, laser) in that a catheter is inserted into the vein to be treated under ultrasound guidance. It differs from thermal ablation in that it uses mechanical irritation and chemical infusion to achieve ablation of the treated vein without the need for tumescent anesthesia. Two new codes were created by CPT to capture the work of MOCA. They are 36X41 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated* and 364X2 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure).*

Methodology

A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the SVS, SIR, and the American College of Phlebology (ACP). The codes for endovenous thermal ablation of incompetent veins were recently reviewed by the RUC and approved by CMS. With the approval of the research subcommittee, these codes were placed on the reference service list for use as potential comparators.

Results of Survey

A total of 2676 survey requests were sent out with 74 responses received for a survey response rate of 3%. The results of the survey showed an extremely tight distribution with no statistical differences between the median and 25th percentile for both codes. Furthermore, the recommended RVU for both codes was identical to the RVU of the thermal ablation codes, despite 1/3rd less intra-service time for 36X41. The expert panel

convened to discuss these results and decided that the survey respondents had been inadvertently misled by the RSL and failed to consider the differences in time and intensity when making their recommendations. They overwhelmingly decided that the work of treating incompetent veins was the same regardless of technique. We therefore decided to set aside the survey results and make RVU recommendations base on crosswalks.

Work RVU Recommendation

We are recommending a crosswalk to CPT code 49435 for a value of 2.25 RVW for 364X2.

Comparison to crosswalk code

The crosswalk code chosen by expert panel is 49435 (*Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site*). This crosswalk code is similar to 364X2 in that they are both add on codes with 30 minutes of intra-service time. We feel this code represents a very accurate crosswalk for 364X2 and recommend the value of 2.25 RVW

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
364X2	2.25	0.075	30				30	
49435 Crosswalk	2.25	0.075	30				30	

Comparison to key reference codes

The key reference codes chosen by the majority of the survey respondents were 36476 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites* (49%) and 36479 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites* (39%). These key references are similar to 364X2 in the sense that they are all add on endoluminal venous procedures to treat venous insufficiency. Although the survey respondents indicated 30 minutes of intra-service time, the reference codes also utilize tumescence that 364X2 does not. For this reason, we chose the above crosswalk for a recommended value of 2.25 RVW for CPT 364X2.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
36476 Key Ref	2.65	0.088	30				30	
35479 Key Ref	2.65	0.088	30				30	
364X2	2.25	0.075	30				30	

Comparison to MPC codes

There are only 10 ZZZ MPC codes in the RUC database. The majority of these codes have RVW's below 2.0. There is only one ZZZ MPC code with 30 minutes of intra-service time. Therefore, we have chosen the following MPC codes for comparison.

Comparison with MPC List Code, 99292

MPC 99292 *(Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service))* is a ZZZ MPC service with identical times and intensity to 364X2.

Comparison with MPC List Code, 57267

MPC 57267 *(Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure))* is a ZZZ MPC service. It has more intra-service time and a higher intensity compared to 364X2.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
99292 MPC	2.25	0.075	30				30	
364X2	2.25	0.075	30				30	
57267 MPC	4.88	0.108	45				45	

Conclusion

Comparison with our crosswalk code of 49435, key reference services, and comparison with two MPC codes supports our crosswalk recommendation value of 2.25 RVW for CPT code 364X2.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37799

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Thermal ablation of an incompetent vein is a common procedure, with a Medicare incidence in 2014 of 177,903 claims for the initial vein (CPT 36475 and 36478) and 21,478 for the secondary vein (CPT 36476 and 36479). Mechanochemical ablation (364X1, 364X2) will be performed based on provider and patient preference in lieu of other ablation techniques, and therefore, utilization is difficult to estimate. Information provided by the manufacturer indicates a 2015 national (both Medicare and non-Medicare) projected utilization above 25,000

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Thermal ablation of an incompetent vein is a common procedure, with a Medicare incidence in 2014 of 177,903 claims for the initial vein (CPT 36475 and 36478) and 21,478 for the secondary vein (CPT 36476 and 36479). Mechanochemical ablation (364X1, 364X2) will be performed based on provider and patient preference in lieu of other ablation techniques, and therefore, utilization is difficult to estimate. Information provided by the manufacturer indicates a 2015 national (both Medicare and non-Medicare) projected utilization above 25,000.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

CPT Code: 364X2

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37197

SS Rec Summary

ISSUE: Mechanochemical (MOCA) Vein Ablation

TAB: 13

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	46	0.097			5.30			94	20	4	10			45			15					
2nd REF	36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	30	0.097			5.30			94	20	4	10			45			15					
CURRENT	37799	Unlisted procedure, vascular surgery		#DIV/0!						0														
SVY	36X41	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated*	91	0.122	3.10	5.30	5.30	5.48	9.22	110	45	10	10	10	30	30	45	90	15	0	0	2	15	480
REC				0.087			3.50			76	17	4	10			30			15					
crosswalk	*52214*	*Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands*		*0.082*			*3.50*			*79*	*19*	*5*	*5*			*30*			*20*					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites	36	0.088			2.65			30						30								
2nd REF	36479	inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites	29	0.088			2.65			30						30								
CURRENT	37799	Unlisted procedure, vascular surgery		#DIV/0!						0														
SVY	364X2	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent veins treated in a single extremity, each through separate access sites*	74	0.088	1.75	2.65	2.65	2.79	6.50	30				10	20	30	30	60		0	0	0	5	240
REC				0.075			2.25			30						30								
crosswalk	*49435*	*Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site*		*0.075*			*2.25*			*30*						*30*								

Tab #13
Tab #14
Tab #15
Tab #38
Tab #47
Tab Number

Mechanochemical (MOCA) Vein Ablation
Dialysis Circuit
Open and Percutaneous Transluminal Angioplasty
Intracranial Endovascular Intervention
Non-invasive Physiologic Studies of Extremity Veins
Issue

364X1 & 364X2
369X1-X9
372X1-372X4
61640-61642
93965
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Michael Hall, MD
Printed Signature

The Society of Interventional Radiology (SIR)
Specialty Society

December 14, 2015
Date

Tab #13
Tab #14
Tab #15
Tab #47
Tab Number

Mechanochemical (MOCA) Vein Ablation
Dialysis Circuit
Open and Percutaneous Transluminal Angioplasty
Non-invasive Physiologic Studies of Extremity Veins
Issue

364X1 & 364X2
369X1-X9
372X1-372X4
93965
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Signature

Matthew Sideman, MD
Printed Signature

The Society for Vascular Surgery (SVS)
Specialty Society

December 14, 2015
Date

13
Tab Number

MCA-RUC Recommendations
Issue

36475-37799
Code Range

Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Mark Forrestal

Signature

MARK D. FORRESTAL MD

Printed Signature

American College of Phlebology (ACPh)

Specialty Society

12-14-15

Date

CPT Code: 36X41 and 364X2
Specialty Society('s): SVS, SIR and ACPh

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

Global Period: 000 **Meeting Date:** January 2016

36X41 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated*

Global Period: ZZZ **Meeting Date:** January 2016

364X2 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites*

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1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A multispecialty group from SVS, SIR and ACPh convened to make consensus practice expense recommendations. The group included physicians and clinical staff from NF and F settings and various geographic regions.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

This new procedure is currently reported with an unlisted code. As such, we included reference codes on the PE spreadsheet. We included CPT codes 36475 and 36476, which were recently approved by CMS.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We believe there is extensive use of clinical staff time for 36X41. However, we are recommending 12 minutes of nurse blend pre service time instead of the 18 minute standard. We believe our recommendations appropriately reflect the minimal use of clinical staff for these activities.

Complete pre-service diagnostic & referral forms	2
Coordinate pre-surgery services	3
Provide pre-service education/obtain consent	4
Follow-up phone calls & prescriptions	3

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic & referral forms
Coordinate pre-surgery services
Provide pre-service education/obtain consent
Availability of prior images confirmed and reviewed
Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:

Prepare room, equipment, supplies
Patient is greeted, gowned and escorted into procedure room
Vital signs obtained
Prepare and position patient prone on table / obtain vitals / set up IV / monitor patient
Sterile prep performed and draping of target site
Assist physician in performing procedure
Monitor pt. following service/check tubes, monitors, drains *(not related to moderate sedation)*
Clean room/equipment by physician staff
Technologist archives and QC's images to/in PACS, checking for all images and dose page
Review examination with interpreting MD
Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

Conduct phone calls/call in prescriptions

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	**AT MEETING**			**REFERENCE CODE**		**REFERENCE CODE**		**Recommendations**		**Recommendations**		**CURRENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**36475**		**36476**		**36X41**		**364X2**		**37799**	
3				2014		2014							
4	**Meeting Date:** January 2016 **REVISED 1-14-2016** **Tab:** 13 Mechanochemical (MOCA) Vein Ablation **Specialty:** SVS, SIR, ACPh	**CMS Code**	**Staff Type**	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein*		*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second*		*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and*		*subsequent veins treated in a single extremity, each through separate access sites*		*Unlisted procedure, vascular surgery*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**ZZZ**	**ZZZ**	**YYY**	**YYY**
7	**TOTAL CLINICAL LABOR TIME**			**143**	**15**	**60**	**0**	**111**	**0**	**60**	**0**	**0**	**0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**16**	**15**	**0**	**0**	**16**	**0**	**0**	**0**	**0**	**0**
9	*RN/LPN/MTA*	*L037D*		*12*	*15*	*0*		*12*		*0*		*0*	
10	*Vas Tech*	*L054A*		*4*		*0*		*4*		*0*		*0*	
11	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**124**	**0**	**60**	**0**	**92**	**0**	**60**	**0**	**0**	**0**
12	*RN/LPN/MTA*	*L037D*		*36*		*7*		*33*		*7*		*0*	
13	*Vas Tech*	*L054A*		*41*		*23*		*30*		*23*		*0*	
14	*RN/LPN*	*L042A*		*47*		*30*		*30*		*30*		*0*	
15	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3**	**0**	**0**	**0**	**3**	**0**	**0**	**0**	**0**	**0**
16	*RN/LPN/MTA*	*L037D*		*3*		*0*		*3*		*0*		*0*	
17	***PRE-SERVICE***												
18	**Start: Following visit when decision for surgery or procedure made**												
19	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	2	2			2					
20	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	5			3					
21	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5								
22	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	4				4					
23	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3			3					
24	Availability of prior images confirmed	L054A	VasTech	2				2					
25	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech	2				2					
26	Other Clinical Activity - *specify:*												
27	**End: When patient enters office/facility for surgery/procedure**												
28	**SERVICE PERIOD**												
29	**Start: When patient enters office/facility for surgery/procedure:**												
30	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3				3					
31	Obtain vital signs	L037D	RN/LPN/MTA	5				3					
32	Provide pre-service education/obtain consent												
33	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2				2					
34	Setup scope (non facility setting only) (SET UP U/S Equip)	L054A	VasTech	2				2					
35	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2				2					
36	Sedate/apply anesthesia	L042A	RN/LPN	2									
37	Other Clinical Activity - specify:												
38	**Intra-service**												
39	Assist physician in performing procedure	L042A	RN/LPN	45		30		30		30			
40	Assist physician/moderate sedation (% of physician time)		RN										
41	Assisting with image acquisition (75%)	L054A	VasTech	34		23		23		23			
42	Circulating throughout procedure (25%)	L037D	RN/LPN/MTA	11		7		7		7			
43													
44	**Post-Service**												
45	Monitor pt. following moderate sedation												
46	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	5				7.5					
47	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3				3					
48	Clean Scope												
49	Clean Surgical Instrument Package												
50	Complete diagnostic forms, lab & X-ray requisitions												
51	Review/read X-ray, lab, and pathology reports												
52	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions. APPLY MULTI-LAYER COMPRESSION DRESSING	L037D	RN/LPN/MTA	5				5					
53	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L054A	VasTech	2				2					
54	Review examination with interpreting MD	L054A	VasTech	2				2					
55	Exam documents scanned into **U/S machine** ~~PACS.~~ Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech	1				1					
56	Other Clinical Activity - *specify:*												
57	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a	
58	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a	
59	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a	
60	**End: Patient leaves office**												
61	**POST-SERVICE Period**												
62	**Start: Patient leaves office/facility**												
63	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3				3					
64	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
70	**Total Office Visit Time**			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
71	Other Clinical Activity - *specify:*												
72	**End: with last office visit before end of global period**												
73	**MEDICAL SUPPLIES***	**CODE**	**UNIT**										
74	pack, minimum multi-specialty visit	SA048	pack	1				1					
75	pack, moderate sedation	SA044	pack										
76	**Claravein Kit** (INVOICE ATTACHED)	**NEW**	**Kit**					**1**					
77	**Sclerosing Agent** (INVOICE ATTACHED)	**NEW**	**VIAL**					**2**		**2**			
78	kit, guidewire introducer (Micro-Stick)	SA016	kit	1				1					
79	kit, RF introducer	SA026	kit	1									
80	tray, catheter insertion	SA063	tray	1									
81	cap, surgical	SB001	item	3				3					
82	drape, sterile barrier 16in x 29in	SB007	item	1				1					
83	drape, sterile, femoral	SB009	item	1		1		1					
84	drape-towel, sterile 18inx26in	SB019	item	4		4		4					
85	gloves, non-sterile	SB022	pair					1					
86	gloves, sterile	SB024	pair	2				2					
87	gown, staff, impervious	SB027	item	3									
88	gown, surgical, sterile	SB028	item					2					
89	surgical mask, with face shield	SB034	item	3				3					
90	shoe covers, surgical	SB039	pair	3				3					
91	sheath-cover, sterile, 96in x 6in (transducer)	SB048	item	1				1					
92	needle, spinal 18-26g	SC028	item			1							
93	needle, butterfly 20-25g	SC030	item	1									
94	stop cock, 3-way	SC049	item	1									
95	syringe 10-12ml	SC051	item					2		2			
96	syringe 30 ml	SC054	item	1									
97	syringe 3ml	SC055	item	1									
98	syringe 50-60ml	SC056	item					2					
99	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	1				1					
100	syringe, pressure 200ml	SC060	iten	1		1							
101	iv pressure infusor bag	SC074	item	1									
102	dilator, vessel, angiographic	SD043	item	1									
103	guidewire, hydrophilic (Glidewire)	SD089	item	1				1					
104	tubing, pressure	SD131	item	1									
105	vascular sheath	SD136	item	1		1		1		1			
106	**catheter, RF endovenous ablatiion occlusion**	**SD155**	**item**	**1**									
107	guidewire bowl w-lid, sterile	SD171	item					1					
108	scalpel with blade, surgical (#10-20)	SF033	item	1				1					
109	suture, nylon, 4-0 to 6-0, p, ps	SF037	item	1		1							

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	**AT MEETING**			**REFERENCE CODE**		**REFERENCE CODE**		**Recommendations**		**Recommendations**		**CURRENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**36475**		**36476**		**36X41**		**364X2**		**37799**	
3				2014		2014							
4	**Meeting Date:** January 2016 **REVISED 1-14-2016** **Tab:** 13 Mechanochemical (MOCA) Vein Ablation **Specialty:** SVS, SIR, ACPh	**CMS Code**	**Staff Type**	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein*		*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second*		*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and*		*subsequent veins treated in a single extremity, each through separate access sites*		*Unlisted procedure, vascular surgery*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**ZZZ**	**ZZZ**	**YYY**	**YYY**
110	bandage, elastic wrap 4in (Ace)	SG012	item					1					
111	bandage, strip 0.75in x 3in	SG021	item	1		1							
112	dressing, 4in x 4.75in (Tegaderm)	SG037	item					1		1			
113	gauze, sterile 4in x 4in	SG055	item					6					
114	steri-strips	SG074	item	1		1							
115	tape, porous-hypoallergenic 2in (Scanpore)	SG077	inch	12		12		12					
116	stockings, knee length, 20-30mm compression	SG087	pair	1									
117	lidocaine 1%-2% inj (Xylocaine)	SH047	ml					10		5			
118	lidocaine 2% w-epi inj (Xylocaine w-epi)	SH049	ml	60									
119	sodium chloride 0.9% flush syringe	SH065	item					2					
120	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	1		1							
121	sodium bicarbonate 8.4% inj w-needle (1ml uou)	SH090	item	2		2		2					
122	basin, irrigation	SJ009	item	1									
123	basin, emesis	SJ010	item	1									
124	hydrogen peroxide	SJ028	ml	100		100							
125	povidone surgical scrub (Betadine)	SJ042	ml	100		100		100					
126	swab-pad, alcohol	SJ053	item	2				2					
127	ultrasound transmission gel	SJ062	ml	60		60		60					
128	paper, photo printing (8.5 x 11)	SK058	item	10		10							
129	skin marking pen, sterile (Skin Skribe)	SK075	item	1				1					
130	video tape, VHS	SK086	item	1									
131	disinfectant, surface (Envirocide, Sanizide)	SM013	oz					1					
132	sanitizing cloth-wipe (patient)	SM021	item	1		1		1					
133	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item					1					
134													
135	**EQUIPMENT**	**CODE**											
136	stretcher chair	EF019		31				30					
137	radiofrequency generator (vascular)	EQ215		63		30							
138	room, ultrasound, general (HIGHLY TECHNICAL - CMS)	EL015		63		30		**39**		30			
139													
140													

AMA/Specialty Society RVS Update Committee Summary of Recommendations

High Volume Growth

April 2014

Endovenous Ablation

At the October 2013 meeting, the Relativity Assessment Workgroup reviewed High Volume Growth Services where Medicare utilization increased by at least 100% from 2006 to 2011. The RUC requested that these services be surveyed for physician work and develop practice expense inputs.

36475 ***Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated***
The RUC reviewed the survey results from 81 physicians for CPT code 36475 and determined that the survey 25th percentile work RVU of 5.30 appropriately accounts for the work required to perform this service. The RUC recommends the following physician times: 34 minutes pre-time, 45 minutes intra-service time and 15 minutes immediate post-time. The RUC noted that the physician work and time has decreased for these services since it was last surveyed and therefore the recommended decrease is appropriate. However, the intensity for this service has increased and the RUC determined that is appropriate as the site in which this service is typically performed has changed. This service is now typically performed in the office and is more intense since the physician is on his/her own. Therefore, more mental effort and stress is placed on the physician to perform properly because if a complication occurs the patient must be transferred to the hospital.

The RUC noted that the work for percutaneous radiofrequency and percutaneous laser services, CPT codes 36475 and 36478 is the same. The RUC compared 36475 to the key reference service 35476 *Transluminal balloon angioplasty, percutaneous; venous* (work RVU = 5.10 and intra-service time 35 minutes) and noted both services are endoluminal venous procedures, however, 36475 requires 10 more minutes of intra-service time and is more intense to perform than 35476. Therefore, 36475 is appropriately valued higher than the key reference service. The RUC also referenced MPC codes 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU = 4.71) and 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* (work RVU = 5.44). **The RUC recommends a work RVU of 5.30 for CPT code 36475.**

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36476 ***Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 73 physicians for CPT 36476 and determined that the work RVU should be 2.65 work RVUs, half that of the base code 36475 (RUC recommended work RVU = 5.30). The RUC also recommended that the pre-service and post-service time as indicated by the survey respondents be deleted as all work should be accounted for in the base code. The RUC recommends 30 minutes of intra-service time. The RUC referenced similar services 15152 *Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)* (work RVU = 2.50) and 15156 *Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)* (work RVU = 2.75), which demonstrate the relativity of CPT code 36476 among other similar services. Lastly, the RUC referenced MPC code 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* (work RVU = 2.25). **The RUC recommends a work RVU of 2.65 for CPT code 36476.**

36478 ***Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated***

The RUC reviewed the survey results from 81 physicians for CPT code 36478 and determined that the survey 25th percentile work RVU of 5.30 appropriately accounts for the work required to perform this service. The RUC recommends the following physician times: 34 minutes pre-time, 45 minutes intra-service time and 15 minutes immediate post-service time. The RUC noted that the physician work and time has decreased for these services since it was last surveyed and therefore the recommended decrease is appropriate. However, the intensity for this service has increased and the RUC determined that is appropriate as the site in which this service is typically performed has changed. This service is now typically performed in the office and is more intense, since the physician is on his/her own. Therefore, more mental effort and stress is placed on the physician to perform properly because, if a complication occurs, the patient must be transferred to the hospital.

The RUC noted that the work for percutaneous radiofrequency and percutaneous laser services, CPT codes 36475 and 36478 is the same .The RUC compared 36478 to the key reference service 35476 *Transluminal balloon angioplasty, percutaneous; venous* (work RVU = 5.10) and noted both services are endoluminal venous procedures, however, 36478 requires 10 more minutes of intra-service time and is more intense to perform than 35476. Therefore, 36478 is appropriately valued higher than the key reference service. The RUC also referenced MPC codes 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU = 4.71) and 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* (work RVU = 5.44). **The RUC recommends a work RVU of 5.30 for CPT code 36478.**

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36479 ***Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 75 physicians for CPT 36479 and determined that the work RVU should be 2.65 work RVUs, half that of the base code 36478 (RUC recommended work RVU = 5.30). The RUC also recommended that the pre-service and post-service time as indicated by the survey respondents be deleted as all work should be accounted for in the base code. The RUC recommends 30 minutes of intra-service time. The RUC referenced similar services 15152 *Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)* (work RVU = 2.50) and 15156 *Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)* (work RVU = 2.75), which demonstrate the relativity of CPT code 36479 among other similar services. Lastly, the RUC referenced MPC code 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* (work RVU = 2.25). **The RUC recommends a work RVU of 2.65 for CPT code 36479.**

New Technology

CPT codes 36475, 36476, 36478 and 36479 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and specifically review utilization trends.

Work Neutrality

The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Practice Expense

The Practice Expense Subcommittee deleted sedation for the clinical labor staff on line 35, and eliminated the duplicative tilt table from the equipment. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

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CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	000	5.30
36476	second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	ZZZ	2.65
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	000	5.30
36479	second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	ZZZ	2.65

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36475 Tracking Number Original Specialty Recommended RVU: **5.30**
Presented Recommended RVU: **5.30**
Global Period: 000 RUC Recommended RVU: **5.30**

CPT Descriptor: Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great saphenous vein insufficiency with resultant superficial varicosities. Percutaneous endovenous radiofrequency ablation therapy of the insufficient saphenous vein is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The operating physician reviews the previously obtained diagnostic non-invasive imaging studies, history and physical exam, and lab tests. The procedure is reviewed with the patient, including a final discussion of risks, benefits and alternatives. Informed consent is obtained. The physician checks to ensure presence of sterile drapes, sterile ultrasound probe cover, gel, flush solutions, pressure bag and sterile IV set, local tumescent anesthetic, scalpel, access needle, dilator, vascular sheath, guide wires, sterile Radiofrequency ablation catheter, and other necessary supplies and equipment. Change into surgical scrubs and position patient such that target veins are accessible. Prep and drape patient. Instill local anesthesia at access site prior to vein access and continued local anesthesia as needed throughout procedure.

Description of Intra-Service Work:
•Set up operating field
•Attach pressurized heparin saline drip to the sterile Radiofrequency ablation catheter.
•Test actuation, temperature, and impedance to ensure that all components are connected and operating properly.
•Use ultrasound guidance to find target greater saphenous vein (GSV) access site
•Use ultrasound guidance to map and mark entire length of target vein, noting vein depth and diameter
•Use ultrasound guidance to map vein tributaries•
•Access vein under ultrasound guidance (not separately reportable)
•Using Seldinger technique to introduce guide wire
•Advance dilator over guidewire

•Exchange dilator for sheath of appropriate size.
•Remove guidewire and flush sheath.
•Place RF probe through the sheath and advance to the saphenofemoral junction using ultrasound guidance
•Locate tip of probe just below the superficial epigastric tributary vein
•Verify RF probe position by ultrasound
•Using ultrasound guidance, infiltrate tumescent anesthesia into the perivenous space to create a "halo" of fluid around the GSV from the entry site to the saphenofemoral junction (not separately reportable)
•With patient in Trendelenberg, verify target parameters are within acceptable range
•Reconfirm RF position with ultrasound imaging
•Apply RF energy
•Carefully withdraw probe, maintaining target vein wall temperature by varying pullback rate and/or applying compression over the limb
•Monitor impedance, power and vein wall temperature throughout procedure.
•Record total RF application time
•Repeat ultrasound of the saphenous to confirm successful ablation, capture images
•Capture images of the common femoral vein with and without compression to ensure no thrombus or involvement of the common femoral vein in the ablation.

Description of Post-Service Work:
•Elevate extremity and apply sterile dressings.
•Apply compression wrap or stocking starting at foot and ending at most proximal thigh
•Transfer patient to stretcher
•Ensure patient hemodynamic stability and comfort in Recovery area
•Write orders
•Dictate operative note
•Review results with patient's family
•Communicate with referring physician
•Review results with patient after sedation wears off
•Evaluate after recovery interval for discharge suitability
•Provide discharge activity advice to patient/family
•Arrange for follow-up care as required

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Jerry Niedzwiecki, MD, Michael Hall, MD, Zeke Silva, MD, Kurt Schoppe, MD, Richard Wright, MD, Clifford Kavinsky, MD, Christopher Senkowski, MD, and Mark Forrestal, MD		
Specialty(s):	SVS, ACS, SIR, ACR, ACC, SCAI and ACP		
CPT Code:	36475		
Sample Size:	5571	**Resp N:** 81	**Response:** 1.4 %
Description of Sample:	SVS - All SVS US MD members, 3898 ACS - 50 random US MD members SIR - 523 random US MD members ACR - 750 random US MD members ACC/SCAI - 250 US MD members ACP - 100 US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**25.00**	75.00	960.00
Survey RVW:	4.00	5.30	**7.00**	8.50	10.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	20.00	40.00	**45.00**	60.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	36475	**Recommended Physician Work RVU: 5.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**20.00**	**17.00**	**3.00**
Pre-Service Positioning Time:		**4.00**	**1.00**	**3.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**5.00**	**5.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**15.00**	**18.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35476	000	5.10	**RUC Time**

CPT Descriptor Transluminal balloon angioplasty, percutaneous; venous

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	57,749

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,877

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 18.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 36475**	**Key Reference CPT Code:** 35476	**Source of Time RUC Time**
Median Pre-Service Time	34.00	26.00	
Median Intra-Service Time	45.00	35.00	
Median Immediate Post-service Time	15.00	20.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**94.00**	**81.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.73	3.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.87	3.00
Urgency of medical decision making	2.27	2.47
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.33	3.20
Physical effort required	2.93	2.87
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.73	3.00
Outcome depends on the skill and judgment of physician	3.47	3.47
Estimated risk of malpractice suit with poor outcome	3.47	3.20

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.80	2.87
Intra-Service intensity/complexity	3.20	3.27

Post-Service intensity/complexity	2.20	2.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

36475 Rationale for Recommendation

Background
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. CPT codes 36475, 36478, and 36479 were identified in this screen as potentially misvalued. A coalition of societies including the Society for Vascular Surgery (SVS), American College of Surgeons (ACS), American College of Radiology (ACR), Society for Interventional Radiology (SIR), American College of Cardiology (ACC) and Society for Cardiac Angiography and Interventions (SCAI) recommended surveying the family of codes for endovenous ablation including CPT 36476 with the three codes that were identified in the screen.

Methodology
A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the ACS, ACR, SIR, ACC, and the American College of Phlebology (ACP).

DISCLOSURE
After the survey requests were sent out, an inappropriate communication was emailed from a non RUC participating professional society whose members treats venous disease. This communication was emailed to all of their members on March 10th and potentially tainted the survey pool due to overlapping membership. Our response to this email was to immediately close the survey until further guidance was given from the AMA RUC staff. Thereafter, a communication question was added to the surveys that were fielded after March 10th to determine if respondents had received the inappropriate email. All potentially contaminated surveys were excluded.

Results of Survey
Utilization data shows not only an increase in growth for these codes but also a shift in site of service from hospital outpatient to office-based since they were originally presented at the RUC in February 2004. We will be recommending a ***reduction*** the in the RVW from a current value of 6.72 to the 25th percentile from our survey data.

Work RVU Recommendation
We are recommending the 25th percentile survey value of 5.30 RVW for 36475.

Pre-time
Pre-time package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) is appropriate with addition time added as outlined below.

Evaluation: An additional 27 minutes of pre-service evaluation time was identified by the survey recipients. The societies recommend adding 3 minutes of evaluation time to check and calibrate the radiofrequency generator as these tasks are not captured in the standard package.

Positioning: An additional 9 minutes of pre-service positioning time was identified by the survey recipients. The standard package allows for 1 minute to position the patient supine. This position does not provide adequate access to the saphenous vein for the procedure. The patient must be positioned with the leg slightly bent and externally rotated to gain access to the vein. The patient must then be supported comfortably in this position as they need to maintain it for the duration of the procedure. The societies feel that these additional steps in positioning justify adding 3 minutes to the standard package.

Scrub, dress, and wait: An additional 5 minutes has been added to pre-service scrub, dress, and wait time. Although the package includes time for *administer local/topical anesthesia*, there are no minutes for *dress and scrub for procedure*. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff. As such, the societies recommend adding 5 minutes to mirror the time allotted for *dress and scrub for procedure* in the facility packages. The total time of 10 minutes is reflected in the survey median.

Comparison to key reference code

The key reference code chosen by the majority of the survey respondents (19%) was 35476 (*Transluminal balloon angioplasty, percutaneous; venous*). This key reference is similar to 36475 in the sense that they are both endoluminal venous procedures. The primary difference between 35476 and 36475 lies in the intra-service time and intensity. The time of CPT Code 36475 is more than the key reference code but 36475 is slightly less intense. This comparison thus favorably supports our recommendation for the 25th percentile survey value of 5.30.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
Survey	**36475**	5.30	0.097	94	20	4	10	45	15
Key Ref	**35476**	5.10	0.118	81	17	4	5	35	20

Comparison to MPC codes

Comparison with MPC List Code, CPT 37191 – RVW 4.71

37191 *(Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed)* is a 0-day global MPC service with similar times and intensity to 36475. Both 36475 and 37191 are endoluminal venous procedures that require technical skill to complete successfully. 36475 has more intra-service time than 37191supporting our recommendation for the 25th percentile survey RVW of 5.30.

Comparison with MPC List Code, CPT 52235 – RVW 5.44

52235 *(Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm))* is a 0-day global MPC service with similar intra-service time and intensity to 36475. Both 52235 and 36475 require technical skill to complete successfully. 52235 and 36475 have identical intra-service times and almost identical intensities. The pre- and post-service times have minor variations. In conclusion, comparison with this MPC code justifies our recommendation for the 25th percentile survey value of 5.30.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
MPC	**37191**	4.71	0.120	83	30	3	5	30	15
Survey	**36475**	5.30	0.097	94	20	4	10	45	15
MPC	**52235**	5.44	0.098	94	19	5	5	45	20

Conclusion

Favorable comparison with the key reference service and two MPC codes supports our recommendation of the 25th percentile survey value of 5.30 RVW for 36475.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.

☐ Multiple codes are used to maintain consistency with similar codes.
☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36475

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national frequency rate is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 68,276 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare Frequency from the current RUC database

Specialty Surgery Frequency 37000 Percentage 54.19 %

Specialty Cardiology Frequency 14000 Percentage 20.50 %

Specialty Radiology Frequency 5000 Percentage 7.32 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36475

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36476 Tracking Number Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **3.00**
Global Period: ZZZ RUC Recommended RVU: **2.65**

CPT Descriptor: Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great and small saphenous vein insufficiency with resultant superficial varicosities. Percutaneous endovenous radiofrequency ablation therapy of the insufficient great and small saphenous veins is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Additional pre-service work includes examining the extra veins to be ablated, review of additional pre-procedural imaging services, extra time positioning the patient such that both the primary vein and the additional vein are accessible for treatment, and instillation of local anesthesia at the new access site prior to vein access and continued local anesthesia as needed throughout procedure. This is important because the typical second vein is the lesser saphenous, which is located directly posterior on the calf. Operators must be able to reach this vein in addition to the primary target, the greater saphenous, which is located medially.

Description of Intra-Service Work:
•Retest actuation, temperature, and impedance to ensure that all components are connected and operating properly.
•Use ultrasound guidance to find target secondary vein access site
•Use ultrasound guidance to map and mark entire length of target vein, noting vein depth and diameter
•Use ultrasound guidance to map vein tributaries
•Access vein under ultrasound guidance (not separately reportable)
•Using Seldinger technique to introduce guide wire
•Advance dilator over guidewire
•Exchange dilator for sheath of appropriate size.
•Remove guidewire and flush sheath.

•Place RF probe through the sheath and advance to target endpoint using ultrasound guidance
•Verify RF probe position by ultrasound
•Using ultrasound guidance, infiltrate tumescent anesthesia into the perivenous space to create a “halo” of fluid around the target vein from the entry site to the endpoint (not separately reportable)
•With patient in Trendelenberg, verify target parameters are within acceptable range
•Reconfirm RF position with ultrasound imaging
•Apply RF energy
•Carefully withdraw probe, maintaining target vein wall temperature by varying pullback rate and/or applying compression over the limb
•Monitor impedance, power and vein wall temperature throughout procedure.
•Record total RF application time
•Repeat ultrasound of the saphenous to confirm successful ablation, capture images
•Capture images of the popliteal vein with and without compression to ensure no thrombus or involvement of the popliteal vein in the ablation.

Description of Post-Service Work:
Additional post-service work over and above that already provided for the primary procedure includes:
•apply additional dressings;
•dictating extra procedural details in the operative report; and
•longer discussion and explanation to patient and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Jerry Niedzwiecki, MD, Michael Hall, MD, Zeke Silva, MD, Kurt Schoppe, MD, Richard Wright, MD, Clifford Kavinsky, MD, Christopher Senkowski, MD, and Mark Forrestal, MD		
Specialty(s):	SVS, ACS, SIR, ACR, ACC, SCAI and ACPh		
CPT Code:	36476		
Sample Size:	5571	**Resp N:** 73	**Response:** 1.3 %
Description of Sample:	SVS - All SVS US MD members, 3898 ACS - 50 random US MD members SIR - 523 random US MD members ACR - 750 random US MD members ACC/SCAI - 250 US MD members ACP - 100 US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**10.00**	20.00	300.00
Survey RVW:	1.55	3.00	**3.73**	4.50	10.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	25.00	**30.00**	45.00	75.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	36476	**Recommended Physician Work RVU: 2.65**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37222	ZZZ	3.73	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	450,314

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	**RUC Time**	13,042

CPT Descriptor 2 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 20 **% of respondents:** 27.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 36476**	**Key Reference CPT Code:** 37222	**Source of Time RUC Time**
Median Pre-Service Time	0.00	1.00	
Median Intra-Service Time	30.00	40.00	
Median Immediate Post-service Time	0.00	1.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**30.00**	**42.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.10	3.35
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.50	3.45
Urgency of medical decision making	2.65	3.10
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.65	3.80
Physical effort required	3.10	3.25
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.20	3.60
Outcome depends on the skill and judgment of physician	3.65	3.75
Estimated risk of malpractice suit with poor outcome	3.30	3.30

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.05	3.40
Intra-Service intensity/complexity	3.55	3.70

Post-Service intensity/complexity	2.75	3.15

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

36476 Rationale for Recommendation

Background

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. CPT codes 36475, 36478, and 36479 were identified in this screen as potentially misvalued. A coalition of societies including the Society for Vascular Surgery (SVS), American College of Surgeons (ACS), American College of Radiology (ACR), Society for Interventional Radiology (SIR), American College of Cardiology (ACC) and Society for Cardiac Angiography and Interventions (SCAI) recommended surveying the family of codes for endovenous ablation including CPT 36476 with the three codes that were identified in the screen.

Methodology

A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the ACS, ACR, SIR, ACC, and the American College of Phlebology (ACP).

*****DISCLOSURE*****

After the survey requests were sent out, an inappropriate communication was emailed from a non RUC participating professional society whose members treats venous disease. This communication was emailed to all of their members on March 10th and potentially tainted the survey pool due to overlapping membership. Our response to this email was to immediately close the survey until further guidance was given from the AMA RUC staff. Thereafter, a communication question was added to the surveys that were fielded after March 10th to determine if respondents had received the inappropriate email. All potentially contaminated surveys were excluded.

Results of Survey

Utilization data shows not only an increase in growth for these codes but also a shift in site of service from hospital outpatient to office-based since they were originally presented at the RUC in February 2004. We will be recommending a ***reduction*** the in the RVW from a current value of 3.38.

Comparison to key reference code

The key reference code chosen by the majority of the survey respondents (27%) was 37222 (*Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*). This key reference is similar to 36476 in the sense that they are both endoluminal procedures. The primary difference between 37222 and 36476 lies in the pre-, intra-, and post-service times. 36476 has 10 minutes less of intra-service time supporting the decreased RVW in comparison to the key reference service. This comparison thus favorably supports our recommendation for the 25th percentile survey value of 3.00.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
Survey	**36476**	2.65	0.088	30	0	0	0	30	0
Key Ref	**37222**	3.73	0.092	42	1	0	0	40	1

Comparison to MPC codes

Comparison with MPC List Code, CPT 99292 – RVW 2.25

99292 *(Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service))* is a ZZZ global MPC service with similar times and

intensity to 36476. Both 36476 and 99292 are add on codes with 30 minutes of intra-service time. 36476 has a higher intensity and 10 more minutes of total time accounting for the difference in RVW. Therefore, comparison with this MPC code justifies our recommendation for the 25th percentile survey value of 3.00.

Comparison with MPC List Code, CPT 57267 – RVW 4.88

57267 *(Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure))* is a ZZZ global MPC service with similar intensity to 36476. 57267 has 15 more minutes of intra-service time accounting for the higher RVW. This MPC code comparison supports our recommendation for the 25th percentile survey value of 3.00.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
MPC	**99292**	2.25	0.075	30	0	0	0	30	0
Survey	**36476**	2.65	0.088	30	0	0	0	30	0
MPC	**57267**	4.88	0.108	45	0	0	0	45	0

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36476

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national frequency rate is not available.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,494
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare Frequency from the current RUC database

Specialty Surgery	Frequency 4700	Percentage 62.71 %
Specialty Cardiology	Frequency 700	Percentage 9.34 %
Specialty Radiology	Frequency 600	Percentage 8.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36476

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36478 Tracking Number Original Specialty Recommended RVU: **5.30**
Presented Recommended RVU: **5.30**
Global Period: 000 RUC Recommended RVU: **5.30**

CPT Descriptor: Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great saphenous vein insufficiency with resultant superficial varicosities. Percutaneous endovenous laser ablation therapy of the insufficient saphenous vein is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The operating physician reviews the previously obtained diagnostic non-invasive imaging studies, history and physical exam, and lab tests. The procedure is reviewed with the patient, including a final discussion of risks, benefits and alternatives. Informed consent is obtained. The physician checks to ensure presence of sterile drapes, sterile ultrasound probe cover, gel, flush solutions, pressure bag and sterile IV set, local tumescent anesthetic, scalpel, access needle, dilator, vascular sheath, guide wires, laser fiber, safety goggles for all present during the procedure and any other necessary supplies and equipment. Change into surgical scrubs and position patient such that target veins are accessible. Prep, drape and place safety goggles on patient. Instill local anesthesia at access site prior to vein access and continued local anesthesia as needed throughout procedure.

Description of Intra-Service Work:
•Set up operating field
•Attach pressurized heparin saline drip to the sterile laser ablation catheter.
•Test actuation, temperature, and impedance to ensure that all components are connected and operating properly.
•Use ultrasound guidance to find target greater saphenous vein (GSV) access site
•Use ultrasound guidance to map and mark entire length of target vein, noting vein depth and diameter
•Use ultrasound guidance to map vein tributaries
•Access vein under ultrasound guidance (not separately reportable)
•Using Seldinger technique to introduce guide wire
•Advance dilator over guidewire

•Exchange dilator for sheath of appropriate size.
•Remove guidewire and flush sheath.
•Place laser fiber through the sheath and advance to the saphenofemoral junction using ultrasound guidance
•Locate tip of fiber just below the superficial epigastric tributary vein
•Verify fiber position by ultrasound
•Using ultrasound guidance, infiltrate tumescent anesthesia into the perivenous space to create a “halo” of fluid around the GSV from the entry site to the saphenofemoral junction (not separately reportable)
•With patient in Trendelenberg, verify target parameters are within acceptable range
•Reconfirm laser fiber position with ultrasound imaging
•Apply laser energy
•Carefully withdraw laser fiber, maintaining target vein wall temperature by varying pullback rate and/or applying compression over the limb
•Monitor impedance, power and vein wall temperature throughout procedure.
•Record total laser application time
•Repeat ultrasound of the saphenous to confirm successful ablation, capture images
•Capture images of the common femoral vein with and without compression to ensure no thrombus or involvement of the common femoral vein in the ablation.

Description of Post-Service Work:
•Elevate extremity and apply sterile dressings.
•Apply compression wrap or stocking starting at foot and ending at most proximal thigh
•Transfer patient to stretcher
•Ensure patient hemodynamic stability and comfort in Recovery area
•Write orders
•Dictate operative note
•Review results with patient’s family
•Communicate with referring physician
•Review results with patient after sedation wears off
•Evaluate after recovery interval for discharge suitability
•Provide discharge activity advice to patient/family
•Arrange for follow-up care as required

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Jerry Niedzwiecki, MD, Michael Hall, MD, Zeke Silva, MD, Kurt Schoppe, MD, Richard Wright, MD, Clifford Kavinsky, MD, Christopher Senkowski, MD, and Mark Forrestal, MD		
Specialty(s):	SVS, ACS, SIR, ACR, ACC, SCAI and ACPh		
CPT Code:	36478		
Sample Size:	5571	**Resp N:** 81	**Response:** 1.4 %
Description of Sample:	SVS - All SVS US MD members, 3898 ACS - 50 random US MD members SIR - 523 random US MD members ACR - 750 random US MD members ACC/SCAI - 250 US MD members ACP - 100 US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**50.00**	110.00	850.00
Survey RVW:	3.00	5.30	**7.00**	9.00	10.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	15.00	30.00	**45.00**	60.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	36478	**Recommended Physician Work RVU: 5.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**20.00**	**17.00**	**3.00**
Pre-Service Positioning Time:		**4.00**	**1.00**	**3.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**5.00**	**5.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**15.00**	**18.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35476	000	5.10	**RUC Time**

CPT Descriptor Transluminal balloon angioplasty, percutaneous; venous

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191		4.71	**RUC Time**	57,749

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,877

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 13.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 36478**	**Key Reference CPT Code:** 35476	**Source of Time RUC Time**
Median Pre-Service Time	34.00	26.00	
Median Intra-Service Time	45.00	35.00	
Median Immediate Post-service Time	15.00	20.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**94.00**	**81.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.82	3.09
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.00	3.18
Urgency of medical decision making	2.27	2.55
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.36	3.09
Physical effort required	3.00	2.91
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.82	3.09
Outcome depends on the skill and judgment of physician	3.45	3.45
Estimated risk of malpractice suit with poor outcome	3.18	3.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.64	2.73
Intra-Service intensity/complexity	3.18	3.27

Post-Service intensity/complexity	2.09	2.09

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

36478 Rationale for Recommendation

Background

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. CPT codes 36475, 36478, and 36479 were identified in this screen as potentially misvalued. A coalition of societies including the Society for Vascular Surgery (SVS), American College of Surgeons (ACS), American College of Radiology (ACR), Society for Interventional Radiology (SIR), American College of Cardiology (ACC) and Society for Cardiac Angiography and Interventions (SCAI) recommended surveying the family of codes for endovenous ablation including CPT 36476 with the three codes that were identified in the screen.

Methodology

A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the ACS, ACR, SIR, ACC, and the American College of Phlebology (ACP).

*****DISCLOSURE*****

After the survey requests were sent out, an inappropriate communication was emailed from a non RUC participating professional society whose members treats venous disease. This communication was emailed to all of their members on March 10th and potentially tainted the survey pool due to overlapping membership. Our response to this email was to immediately close the survey until further guidance was given from the AMA RUC staff. Thereafter, a communication question was added to the surveys that were fielded after March 10th to determine if respondents had received the inappropriate email. All potentially contaminated surveys were excluded.

Results of Survey

Utilization data shows not only an increase in growth for these codes but also a shift in site of service from hospital outpatient to office-based since they were originally presented at the RUC in February 2004. We will be recommending a ***reduction*** the in the RVW from a current value of 6.72 to the 25th percentile from our survey data.

Work RVU Recommendation

We are recommending the 25th percentile survey value of 5.30 RVW for 36478.

Pre-time

Pre-time package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) is appropriate with addition time added as outlined below.

Evaluation: An additional 27 minutes of pre-service evaluation time was identified by the survey recipients. The societies recommend adding 3 minutes to evaluation time to check and calibrate the laser generator as these tasks are not captured in the standard package.

Positioning: An additional 9 minutes of pre-service positioning time was identified by the survey recipients. The standard package allows for 1 minute to position the patient supine. This position does not provide adequate access to the saphenous vein for the procedure. The patient must be positioned with the leg slightly bent and externally rotated to gain access to the vein. The patient must then be supported comfortably in this position as they need to maintain it for the duration of the procedure. The societies feel that these additional steps in positioning justify adding 3 minutes to the standard package.

Scrub, dress, and wait: An additional 5 minutes has been added to pre-service scrub, dress, and wait time. Although the package includes time for *administer local/topical anesthesia*, there are no minutes for *dress and scrub for procedure*. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff. As such, the societies recommend adding 5 minutes to mirror the time allotted for *dress and scrub for procedure* in the facility packages. The total time of 10 minutes is reflected in the survey median.

Comparison to key reference code

The key reference code chosen by the majority of the survey respondents (14%) was 35476 (*Transluminal balloon angioplasty, percutaneous; venous*). This key reference is similar to 36475 in the sense that they are both endoluminal venous procedures. The primary difference between 35476 and 36475 lies in the intra-service time and intensity. The time of CPT Code 36475 is more than the key reference code but 36475 is slightly less intense. This comparison thus favorably supports our recommendation for the 25th percentile survey value of 5.30.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
Survey	**36478**	5.30	0.097	94	20	4	10	45	15
Key Ref	**35476**	5.10	0.118	81	17	4	5	35	20

Comparison to MPC codes

Comparison with MPC List Code, CPT 37191 – RVW 4.71

37191 *(Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed)* is a 0-day global MPC service with similar times and intensity to 36478. Both 36478 and 37191 are endoluminal venous procedures that require technical skill to complete successfully. 36475 has more intra-service time than 37191supporting our recommendation for the 25th percentile survey value of 5.30.

Comparison with MPC List Code, CPT 52235 – RVW 5.44

52235 *(Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm))* is a 0-day global MPC service with similar intra-service time and intensity to 36478. Both 52235 and 36478 require technical skill to complete successfully. 52235 and 36475 have identical intra-service times and almost identical intensities. The pre- and post-service times have minor variations. In conclusion, comparison with this MPC code justifies our recommendation for the 25th percentile survey value of 5.30.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
MPC	**37191**	4.71	0.120	83	30	3	5	30	15
Survey	**36478**	5.30	0.097	94	20	4	10	45	15
MPC	**52235**	5.44	0.098	94	19	5	5	45	20

Conclusion

Favorable comparison with the key reference service and two MPC codes supports our recommendation of the 25th percentile survey value of 5.30 RVW for 36478.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36478

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery (V&GS) How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Radiology (D&IR) How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national frequency rate is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
36,478 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare Frequency from the current RUC database

Specialty Surgery (V&GS) Frequency 17550 Percentage 48.11 %

Specialty Cardiology Frequency 4800 Percentage 13.15 %

Specialty Radiology (D&IR) Frequency 3700 Percentage 10.14 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36478

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:36479 Tracking Number

Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **3.00**
RUC Recommended RVU: **2.65**

Global Period: ZZZ

CPT Descriptor: Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old woman has painful, unilateral leg swelling that increases during the course of the day while at her job which requires her to stand for a significant portion of the day. She has been diagnosed with great and small saphenous vein insufficiency with resultant superficial varicosities. Percutaneous endovenous laser ablation therapy of the insufficient great and small saphenous veins is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Additional pre-service work includes examining the extra veins to be ablated, review of additional pre-procedural imaging services, extra time positioning the patient such that both the primary vein and the additional vein are accessible for treatment, and instillation of local anesthesia at the new access site prior to vein access and continued local anesthesia as needed throughout procedure. This is important because the typical second vein is the lesser saphenous, which is located directly posterior on the calf. Operators must be able to reach this vein in addition to the primary target, the greater saphenous, which is located medially.

Description of Intra-Service Work:
•Use ultrasound guidance to find target secondary vein access site
•Use ultrasound guidance to map and mark entire length of target vein, noting vein depth and diameter
•Use ultrasound guidance to map vein tributaries
•Access vein under ultrasound guidance (not separately reportable)
•Using Seldinger technique to introduce guide wire
•Advance dilator over guidewire
•Exchange dilator for sheath of appropriate size.
•Remove guidewire and flush sheath.
•Place laser fiber through the sheath and advance to target endpoint using ultrasound guidance
•Verify laser fiber position by ultrasound

•Using ultrasound guidance, infiltrate tumescent anesthesia into the perivenous space to create a “halo” of fluid around the target vein from the entry site to the endpoint (not separately reportable)
•With patient in Trendelenberg, verify target parameters are within acceptable range
•Reconfirm laser fiber position with ultrasound imaging
•Apply laser energy
•Carefully withdraw laser fiber, maintaining target vein wall temperature by varying pullback rate and/or applying compression over the limb
•Monitor impedance, power and vein wall temperature throughout procedure.
•Record total laser application time
•Repeat ultrasound of the saphenous to confirm successful ablation, capture images
•Capture images of the popliteal vein with and without compression to ensure no thrombus or involvement of the poplitea vein in the ablation.

Description of Post-Service Work:
Additional post-service work over and above that already provided for the primary procedure includes:
•apply additional dressings;
•dictating extra procedural details in the operative report; and
•longer discussion and explanation to patient and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Jerry Niedzwiecki, MD, Michael Hall, MD, Zeke Silva, MD, Kurt Schoppe, MD, Richard Wright, MD, Clifford Kavinsky, MD, Christopher Senkowski, MD, and Mark Forrestal, MD		
Specialty(s):	SVS, ACS, SIR, ACR, ACC, SCAI and ACPh		
CPT Code:	36479		
Sample Size:	5571	**Resp N:** 75	**Response:** 1.3 %
Description of Sample:	SVS - All SVS US MD members, 3898 ACS - 50 random US MD members SIR - 523 random US MD members ACR - 750 random US MD members ACC/SCAI - 250 US MD members ACP - 100 US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**15.00**	38.00	640.00
Survey RVW:	1.50	3.00	**3.75**	4.50	10.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	25.00	**30.00**	45.00	75.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	36479	**Recommended Physician Work RVU: 2.65**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37239	ZZZ	2.97	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	450,314

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	**RUC Time**	13,042

CPT Descriptor 2 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 19 **% of respondents:** 25.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 36479**	**Key Reference CPT Code:** 37239	**Source of Time RUC Time**
Median Pre-Service Time	0.00	1.00	
Median Intra-Service Time	30.00	30.00	
Median Immediate Post-service Time	0.00	1.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**30.00**	**32.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.89	2.89
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.95	3.00
Urgency of medical decision making	2.05	2.53
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.37	3.32
Physical effort required	2.68	2.63
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.68	3.05
Outcome depends on the skill and judgment of physician	3.42	3.47
Estimated risk of malpractice suit with poor outcome	3.26	3.16

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.05	3.26
Intra-Service intensity/complexity	3.37	3.21

Post-Service intensity/complexity	2.63	2.63

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

36479 Rationale for Recommendation

Background

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. CPT codes 36475, 36478, and 36479 were identified in this screen as potentially misvalued. A coalition of societies including the Society for Vascular Surgery (SVS), American College of Surgeons (ACS), American College of Radiology (ACR), Society for Interventional Radiology (SIR), American College of Cardiology (ACC) and Society for Cardiac Angiography and Interventions (SCAI) recommended surveying the family of codes for endovenous ablation including CPT 36476 with the three codes that were identified in the screen.

Methodology

A multispecialty RUC survey was sent to all members of the SVS through an email list-service and to random samples of members from the ACS, ACR, SIR, ACC, and the American College of Phlebology (ACP).

*****DISCLOSURE*****

After the survey requests were sent out, an inappropriate communication was emailed from a non RUC participating professional society whose members treats venous disease. This communication was emailed to all of their members on March 10th and potentially tainted the survey pool due to overlapping membership. Our response to this email was to immediately close the survey until further guidance was given from the AMA RUC staff. Thereafter, a communication question was added to the surveys that were fielded after March 10th to determine if respondents had received the inappropriate email. All potentially contaminated surveys were excluded.

Results of Survey

Utilization data shows not only an increase in growth for these codes but also a shift in site of service from hospital outpatient to office-based since they were originally presented at the RUC in February 2004. We will be recommending a ***reduction*** the in the wRVU from a current value of 3.38.

Comparison to key reference code

The key reference code chosen by the majority of the survey respondents (25%) was 37239 (*Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)*). This key reference is similar to 36476 in the sense that they are both endoluminal venous procedures. They have identical intra-service times and very similar intensities. This comparison thus favorably supports our recommendation for the 25th percentile survey value of 3.00.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
Survey	**36479**	2.65	08893	40	0	0	0	30	0
Key Ref	**37239**	2.97	0.098	32	1	0	0	30	1

Comparison to MPC codes

Comparison with MPC List Code, CPT 99292 – RVW 2.25

99292 *(Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service))* is a ZZZ global MPC service with similar times and intensity to 36476. Both 36476 and 99292 are add on codes with 30 minutes of intra-service time. 36476 has a higher

intensity and 10 more minutes of total time accounting for the difference in RVW. Therefore, comparison with this MPC code justifies our recommendation for the 25th percentile survey value of 3.00.

Comparison with MPC List Code, CPT 57267 – RVW 4.88

57267 *(Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure))* is a ZZZ global MPC service with similar intensity to 36476. 57267 has 15 more minutes of intra-service time accounting for the higher RVW. This MPC code comparison supports our recommendation for the 25th percentile survey value of 3.00.

	CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
MPC	**99292**	2.25	0.075	30	0	0	0	30	0
Survey	**36476**	2.65	0.088	30	0	0	0	30	0
MPC	**57267**	4.88	0.108	45	0	0	0	45	0

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36479

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national frequency rate is not available.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11,563 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare Frequency from the current RUC database

Specialty Surgery	Frequency 7300	Percentage 63.13 %
Specialty Cardiology	Frequency 850	Percentage 7.35 %
Specialty Radiology	Frequency 1400	Percentage 12.10 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36479

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

Note: Surveys received after 3/10/14 w/o extra question (eg, SVS,ACS,ACC) or with communication or financial conflict are not included

							RVW					Total	PRE	PRE			INTRA					POST-FACIL	
SOURCE	CPT	DESC	N	Resp	%	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	38 39
REF	35476	Transluminal balloon angioplasty, percutaneou	81	15	19%	0.118			5.10			81		17	4	5			35			20	
RUC-04	36475	Endovenous ablation therapy of incompetent v				0.075			6.72			159		40	10	15			60			15	0.5
SVY	36475	Endovenous ablation therapy of incompetent v	5571	81	1%	0.121	4.00	5.30	7.00	8.50	10.00	120		40	10	10	20	40	45	60	90	15	
REC	36475	RECOMMENDATION				0.097			5.30			94	6A	20	4	10			45			15	
		Rec'd by 3/9/14 (SVS,ACS,ACR)		*62*		*0.113*	*###*	*5.16*	*6.60*	*8.48*	*####*	*120*		*40*	*10*	*10*	*20*	*35*	*45*	*60*	*90*	*15*	
		Rec'd after 3/10/14 w-extra? (ACR,SIR,ACP)		*19*		*0.091*	*###*	*6.98*	*7.10*	*8.73*	*####*	*155*		*65*	*10*	*10*	*25*	*45*	*55*	*60*	*75*	*15*	
REF	37222	Revascularization, endovascular, open or perc	73	20	27%	0.092			3.73			42		1					40			1	
RUC-04	36476	Endovenous ablation therapy of incompetent v				0.075			3.38			45		0					45			0	
SVY	36476	Endovenous ablation therapy of incompetent v	5571	73	1%	0.117	1.55	3.00	3.73	4.50	10.00	40		5			10	25	30	45	75	5	
REC	36476	RECOMMENDATION				0.088			2.65			40		0					30			0	
		Rec'd by 3/9/14 (SVS,ACS,ACR)		*55*		*0.120*	*###*	*3.00*	*3.70*	*4.50*	*####*	*34*		*5*			*10*	*23*	*30*	*38*	*60*	*2*	
		Rec'd after 3/10/14 w-extra? (ACR,SIR,ACP)		*18*		*0.081*	*###*	*3.77*	*4.00*	*4.77*	*####*	*60*		*10*			*20*	*30*	*45*	*60*	*75*	*5*	
REF	35476	Transluminal balloon angioplasty, percutaneou	81	11	14%	0.118			5.10			81		17	4	5			35			20	
RUC-04	36478	Endovenous ablation therapy of incompetent v				0.082			6.72			154		40	10	15			55			15	0.5
SVY	36478	Endovenous ablation therapy of incompetent v	5571	81	1%	0.121	3.00	5.30	7.00	9.00	10.00	120		40	10	10	15	30	45	60	90	15	
REC	36478	RECOMMENDATION				0.097			5.30			86	6A	20	4	10			45			15	
		Rec'd by 3/9/14 (SVS,ACS,ACR)		*53*		*0.113*	*###*	*5.25*	*6.60*	*9.00*	*####*	*120*		*40*	*10*	*10*	*20*	*30*	*45*	*60*	*90*	*15*	
		Rec'd after 3/10/14 w-extra? (ACR,SIR,ACP)		*28*		*0.098*	*###*	*6.59*	*7.23*	*9.00*	*####*	*143*		*53*	*10*	*10*	*15*	*38*	*55*	*60*	*75*	*15*	
REF	37239	Transcatheter placement of an intravascular st	75	19	25%	0.098			2.97			32		1					30			1	
RUC-04	36479	Endovenous ablation therapy of incompetent v				0.075			3.38			45		0					45			0	
SVY	36479	Endovenous ablation therapy of incompetent v	5571	75	1%	0.118	1.50	3.00	3.75	4.50	10.00	40		5			10	25	30	45	75	5	
REC	36479	RECOMMENDATION				0.088			2.65			40		0					30			0	
		Rec'd by 3/9/14 (SVS,ACS,ACR)		*48*		*0.118*	*###*	*3.00*	*3.73*	*4.53*	*####*	*39*		*4*			*10*	*25*	*30*	*40*	*60*	*5*	
		Rec'd after 3/10/14 w-extra? (ACR,SIR,ACP)		*27*		*0.081*	*###*	*3.23*	*4.00*	*4.28*	*####*	*60*		*10*			*10*	*25*	*45*	*53*	*75*	*5*	

EXPERIENCE					
MIN	25th	MED	75th	MAX	TYP
0	**5**	**25**	**75**	**960**	**91%**
0	*5*	*25*	*95*	*500*	*90%*
0	*1*	*45*	*55*	*960*	*88%*

0	**1**	**10**	**20**	**300**	**81%**
0	*1*	*10*	*15*	*100*	*78%*
0	*1*	*13*	*29*	*300*	*84%*

0	**10**	**50**	**110**	**850**	**95%**
0	*5*	*30*	*100*	*700*	*94%*
0	*44*	*65*	*210*	*850*	*92%*

0	**5**	**15**	**38**	**640**	**88%**
0	*1*	*10*	*22*	*150*	*88%*
0	*12*	*25*	*44*	*640*	*86%*

33 (Duplex Scans)
9 (Subcutaneous Implantable Defibrillator)
10 (Transcatheter Mitral Valve Repair
11 (ECMO-ECLS)
12 (Transcatheter Placement of Carotid Stents)
25 (Transesophogeal Echocardiography)
26 (Carotid Intima-Media Thickness)
34 (Ultrasound Guidance)
38 (Endovenous Ablation)

Tab Number/Issue

Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Richard Wright, MD
Printed Signature

ACC
Specialty Society

4/1/14
Date

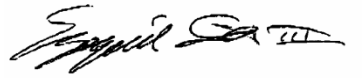
Tab Number	Issue
4	Cryoablation Treatment of the Bone Tumors
6	Percutaneous Vertebroplasty and Augmentation
12	Transcatheter Placement of Carotid Stents
15	Cryoablation of Liver Tumor
17	Myelography
19	Breast Tomosynthesis
26	Carotid Intima-Media Thickness Ultrasound
33	Duplex Scans
34	Ultrasound Guidance
35	Ultrasound Guidance for Needle Placement
38	Endovenous Ablation
39	CT Angiography – Head & Neck
40	Doppler Flow Testing
41	CT – Maxillofacial
42	X-Ray Exams
43	Transluminal Balloon Angioplasty
44	CT Abdomen and Pelvis

2098X1, 20982
25510X – 25515X
37218X, 37215, 37216, 37217, 37235, 37236, 37237, 0075T, 0076T
47383X
6228X1 – 6228X4, 62284, 72240, 72255, 72265, 72270
77055, 77056, 77057, G0202, G0204, G0206, 7705XX1 – 7705XX3
938XX
98880, 93882, 93886, 93888, 93925, 93926, 93930, 93931, 93970, 93971, 93975, 93976, 93978, 93979
76930, 76932, 76940, 76948, 76965
76942
36475, 36476, 36478, 36479
70496, 70498
93990
70486, 70487, 70488
71100, 72070, 73060, 73565, 73590, 73600
75978
72194, 74160, 74177
Code Range

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Signature

Ezequiel Silva, MD
Printed Signature

American College of Radiology
Specialty Society

April 1, 2014
Date

38
Tab Number

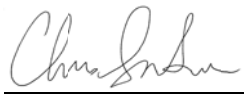
Endovenous Ablation
Issue

36475, 36476, 36478, 36479
Code Range

Attestation Statement

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Signature

Christopher Senkowski, MD, FACS
Printed Signature

American College of Surgeons
Specialty Society

April 1, 2014
Date

12, 30, 38, 40 and 43
Tab Number

Transcatheter Placement of Carotid Stents
Duplex Scans
Endovenous Ablation
Doppler Flow Testing
Transluminal Balloon Angioplasty
Issue

37218X
98880, 93882, 93886, 93888, 93925 93926, 93930, 93931, 93970, 93971, 93975, 93976, 93978, 93979
36475, 36476, 36478 and 36479
93990
75978
Code Range

Attestation Statement

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Signature

Matthew Sideman, MD
Printed Signature

The Society for Vascular Surgery (SVS)
Specialty Society

April 1, 2014
Date

4, 6, 12, 15, 35, 38 and 43	**Tab Number**
Cryoablation of the Bone Percutaneou Vertebroplasty and Augmentation Transcatheter Placement of Carotid Stents Cryoablation of the Liver US Guidance for Needle Placement Endovenous Ablation Transluminal Balloon Angioplasty	**Issue**
2098X1 22510X-22515X 37218X 47383X 76942 36475, 36476, 36478 and 36479 75978	**Code Range**

Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Gerald Niedzwiecki, MD
Printed Signature

The Society of Interventional Radiology (SIR)
Specialty Society

April 1, 2014
Date

CPT Code: 36475, 36476, 36478 and 36479
Specialty Society('s): SVS, ACS, SIR, ACR, ACC, SCAI and ACP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

36475 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **radiofrequency**; **first** vein treated

36476 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **radiofrequency**; **second** and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

36478 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **laser**; **first** vein treated

36479 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **laser**; **second** and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

Global Period: **36475 & 36478 - 000**
36476 & 36479 - ZZZ

Meeting Date: **April 2014**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The multispecialty organizations (SVS, ACS, SIR, ACR, ACC, SCAI and ACP) convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this procedure. The panel made recommendations based on existing inputs and the new coding conventions.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

We are making recommendations for existing CPT codes. As such, we have included the current direct PE recommendations and not a reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

CPT Codes 36475 & 36478:

Pre-Service Clinical Labor Activities:
Complete pre-service diagnostic and referral forms: a clinically trained individual (RN,/LPN/MA) will review and complete all referral forms for the various insurance entities and ensure that the indication has met medical necessity for the planned procedure and forward the approved forms to the appropriate personnel including by fax if necessary. Coordinate pre-surgery services. Clinical staff member ensures that all appropriate labs are drawn and results are acceptable. Schedule space and equipment in facility. Provide pre-service education/obtain consent. Follow-up phone calls and prescriptions: Clinical staff will contact the patient prior to the procedure, answer any questions the patient may have regarding the scheduled procedure, confirm their arrival time, review allergies and call the pharmacy with any prescription if needed.

DAY OF Service Clinical Labor Activities:
N/A

Post-Service Clinical Labor Activities:
Conducts phone calls/call in prescription.

CPT Codes 36476 & 36479:

Pre-Service Clinical Labor Activities:
N/A

Intra-Service Clinical Labor Activities:
N/A

Post-Service Clinical Labor Activities:
N/A

CPT Code: 36475, 36476, 36478 and 36479
Specialty Society('s): SVS, ACS, SIR, ACR, ACC, SCAI and ACP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

36475 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **radiofrequency**; **first** vein treated

36476 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **radiofrequency**; **second** and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

36478 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **laser**; **first** vein treated

36479 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, **laser**; **second** and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

Global Period: **36475 & 36478 - 000**
36476 & 36479 - ZZZ

Meeting Date: **April 2014**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The multispecialty organizations (SVS, ACS, SIR, ACR, ACC, SCAI and ACP) convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this procedure. The panel made recommendations based on existing inputs and the new coding conventions.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

We are making recommendations for existing CPT codes. As such, we have included the current direct PE recommendations and not a reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Pre Service Period
Lines 23 & 24 - Added 4 minutes for digital activities. The existing inputs do not include minutes to account for these activities.

Service Period
We have modified the 'assist physician" section of the PE recommendations to reflect current PE 'standard' for interventional procedures. (Source: carotids, embo, stents).
Line 39 – recommended 75% total physician time for tech to acquire images (current 'standard' for interventional procedures)
Line 40 – added RN/LPN/MTA time to account for the 25% circulator
Line 42 – added RN/LPN/MTA time to apply multi-layer comprehensive dressing
Line 44 – increased post procedure monitoring from 3 min to 8 min. The 8 min represents the standard for 30 min of post procedure monitoring.

5. Please describe in detail the clinical activities of your staff:

CPT Codes 36475 & 36478:

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic and referral forms: a clinically trained individual (RN,/LPN/MA) will review and complete all referral forms for the various insurance entities and ensure that the indication has met medical necessity for the planned procedure and forward the approved forms to the appropriate personnel including by fax if necessary. Coordinate pre-surgery services: Clinical staff member ensures that all appropriate labs are drawn and results are acceptable. Follow-up phone calls and prescriptions: Clinical staff will contact the patient prior to the procedure, answer any questions the patient may have regarding the scheduled procedure, confirm their arrival time, review allergies and call the pharmacy with any prescription if needed. Other clinical activities: The vascular technologist prior to the patient's arrival will retrieve any prior imaging exams, display these exams for the physician to review, verify orders, review the chart to incorporate any relative clinical information.

DAY OF Service Clinical Labor Activities:

Greet patient, provide gowning, and ensure appropriate medical records are available: Patient is greeted by the clinical staff, escorted to the intake area, provided with gowning and given assistance with changing into the gown if needed. Obtain vital signs: blood pressure, heart rate, respiratory rate, temperature, rhythm strip and pulse oximetry, are all obtained. Prepare room, equipment, supplies: Vascular technologist checks imaging equipment to make sure that it is turned on, warmed up, functioning properly, enters the patient demographics, opens the sterile tray and sets it up, goes to the storage room to pull all the supplies that will be used for the procedure, and brings them to the procedure room. Prepare and position patient/Monitor patient/Setup IV. Intra-service Time of varying clinical personnel: a vascular tech is scrubbed next to the physician the entire case, an additional individual who is not scrubbed will assist with

the imaging equipment and opening supplies. Monitor patient following service/Check tubes, monitors, drains. The patients are recovered before being discharged. Check dressings and wound/home care instructions/coordinated office visits/prescriptions. In addition to checking the dressings and reviewing at home instructions the clinical staff will also discuss pain prescriptions for the patients and review the medications with them. Other clinical activities: The vascular tech post procedure annotates the images, processes them, and then either hangs the films for interpretation or sends digital images to PACS and ensures they are received.

Post-Service Clinical Labor Activities:

Conducts phone calls/call in prescription.

CPT Codes 36476 & 36479:

Pre-Service Clinical Labor Activities:

N/A

DAY OF Service Clinical Labor Activities:

A vascular tech is scrubbed next to the physician and an additional individual who is not scrubbed will assist with the imaging equipment and opening supplies.

Post-Service Clinical Labor Activities:

N/A

	A	B	C	F	G	H	I	J	K	L	M
1				Existing Feb-06		Recommend		Existing Feb-06		Recommend	
2	'*Please note: If a supply has a purchase price of $100 or more please hold the item name and CMS code			36475				36476			
3	**Meeting Date: April 2014** **Tab: 38 Endovenous Ablation** **Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP**	**CMS Code**	**Staff Type**	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated*				*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and*			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**150**	**18**	**146**	**18**	**77**	**0**	**60**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**12**	**15**	**16**	**15**	**0**	**0**	**0**	**0**
8		L037D	RN/LPN/MTA	***12***	***15***	***12***	***15***	***0***	***0***	***0***	***0***
9		L054A	VasTech			***4***				***0***	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**135**		**127**		**77**		**60**	
11		L037D	RN/LPN/MTA	***19***		***39***		***0***		***7***	
12		L042A	RN/LPN	***64***		***47***		***45***		***30***	
13		L054A	VasTech	***52***		***41***		***32***		***23***	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3**	**3**	**3**	**3**	**0**	**0**	**0**	**0**
15		L037D	RN/LPN/MTA	***3***	***3***	***3***	***3***	***0***	***0***	***0***	***0***
16	**PRE-SERVICE**										
17	**Start: Following visit when decision for surgery or procedure made**										
18	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**2**	**2**	**2**	**2**				
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**				
20	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**5**		**5**				
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**4**		**4**					
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**				
23	Availability of prior images confirmed	L054A	VasTech			**2**					
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech			**2**					
25	*Other Clinical Activity - *specify:*										
26	**End: When patient enters office/facility for surgery/procedure**										
27	**SERVICE PERIOD**										
28	**Start: When patient enters office/facility for surgery/procedure:**										
29	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**					
30	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**					
31	Provide pre-service education/obtain consent										
32	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**					
33	Setup scope (non facility setting only) (Set up US Equip)	L054A	VasTech	**2**		**2**					
34	Prepare and position patient/ monitor patient/ set up IV	L042A	RN/LPN	**2**		**2**					
35	Sedate/apply anesthesia	L042A	RN/LPN	**2**							
37	**Intra-service**										
38	Assist physician in performing procedure	L042A	RN/LPN	**60**		**45**		**45**		**30**	
39	Assisting with image acquisition (75%)	L054A	VasTech	**45**		**34**		**30**		**23**	
40	Circulating throughout procedure (25%)	L037D	RN/LPN/MTA			**11**				**7**	
41	**Post-Service**										
42	Apply multi-layer comprehensive dressing	L037D	RN/LPN/MTA			**5**					
43	Monitor pt. following moderate sedation										
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	**3**		**7**					
45	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**					
50	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**					
51	Technologist QC's images US machine, ~~in PACS~~, checking for all images, reformats, and dose page	L054A	VasTech			**2**				**0**	
52	Review examination with interpreting MD	L054A	VasTech			**2**				**0**	
53	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			**1**					
54	*Other Clinical Activity - *specify: Process images, complete data sheet, present images and data to the interpreting physician*	L054A	VasTech	**5**				**2**			
58	**End: Patient leaves office**										
59	**POST-SERVICE Period**										
60	**Start: Patient leaves office/facility**										
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**				
70	**End: with last office visit before end of global period**										

	A	B	C	F	G	H	I	J	K	L	M
1				Existing Feb-06		Recommend		Existing Feb-06		Recommend	
2	*"*Please note: If a supply has a purchase price of $100 or more please hold the item name and CMS code*			36475				36476			
3	**Meeting Date: April 2014 Tab: 38 Endovenous Ablation Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP**	**CMS Code**	**Staff Type**	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated*				*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and*			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
71	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
72	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**					
73	**catheter, RF endovenous ablatiion occlusion**	**SD155**	**item**	**1**		**1**					
74	**kit, endovascular laser treatment**	**SA074**	**kit**								
75	kit, RF introducer	SA026	kit	**1**		**1**					
76	tray, catheter insertion	SA063	tray	**1**		**1**					
77	cap, surgical	SB001	item	**3**		**3**					
78	drape, sterile barrier 16in x 29in	SB007	item	**1**		**1**					
79	drape, sterile, femoral	SB009	item	**1**		**1**		**1**		**1**	
80	drape-towel, sterile 18inx26in	SB019	item	**4**		**4**		**4**		**4**	
81	gloves, sterile	SB024	pair	**2**		**2**					
82	gown, staff, impervious	SB027	item	**3**		**3**					
83	surgical mask, with face shield	SB034	item	**3**		**3**					
84	shoe covers, surgical	SB039	pair	**3**		**3**					
85	sheath-cover, sterile, 96in x 6in (transducer)	SB048	item	**1**		**1**					
86	needle, spinal 18-26g	SC028	item	**1**		**1**		**1**		**1**	
87	needle, butterfly 20-25g	SC030	item	**1**		**1**					
88	stop cock, 3-way	SC049	item	**1**		**1**					
89	syringe 20ml	SC053	item	**1**		**1**					
90	syringe 30 ml	SC054	item	**1**		**1**					
91	syringe 3ml	SC055	item	**1**		**1**					
92	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	**1**		**1**					
93	syringe, pressure 200ml	SC060	iten	**1**		**1**		**1**		**1**	
94	iv pressure infusor bag	SC074	item	**1**		**1**					
95	dilator, vessel, angiographic	SD043	item	**1**		**1**					
96	guidewire, hydrophilic (Glidewire)	SD089	item	**1**		**1**					
97	tubing, pressure	SD131	item	**1**		**1**					
98	vascular sheath	SD136	item	**1**		**1**		**1**		**1**	
99	scalpel with blade, surgical (#10-20)	SF033	item	**1**		**1**					
100	suture, nylon, 4-0 to 6-0, p, ps	SF037	item	**1**		**1**		**1**		**1**	
101	bandage, strip 0.75in x 3in	SG021	item	**1**		**1**		**1**		**1**	
102	steri-strips	SG074	item	**1**		**1**		**1**		**1**	
103	tape, porous-hypoallergenic 2in (Scanpore)	SG077	inch	**12**		**12**		**12**		**12**	
104	stockings, knee length, 20-30mm compression	SG087	pair	**1**		**1**					
105	lidocaine 2% w-epi inj (Xylocaine w-epi)	SH049	ml	**60**		**60**					
106	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	**1**		**1**		**1**		**1**	
107	sodium bicarbonate 8.4% inj w-needle (1ml uou)	SH090	item	**2**		**2**		**2**		**2**	
108	basin, irrigation	SJ009	item	**1**		**1**					
109	basin, emesis	SJ010	item	**1**		**1**					
110	hydrogen peroxide	SJ028	ml	**100**		**100**		**100**		**100**	
111	povidone surgical scrub (Betadine)	SJ042	ml	**100**		**100**		**100**		**100**	
112	swab-pad, alcohol	SJ053	item	**2**		**2**					
113	ultrasound transmission gel	SJ062	ml	**60**		**60**		**60**		**60**	
114	paper, photo printing (8.5 x 11)	SK058	item	**10**		**10**		**10**		**10**	
115	skin marking pen, sterile (Skin Skribe)	SK075	item	**1**		**1**					
116	video tape, VHS	SK086	item	**1**		**1**					
117	sanitizing cloth-wipe (patient)	SM021	item	**1**		**1**		**1**		**1**	
118											
119	**EQUIPMENT**	**CODE**									
120	ultrasound room, general	EL015		**85**		**63**		**45**		**30**	
121	table, tilt (w-trendelnberg)	EF032		**85**				**45**			
122	radiofrequency generator (vascular)	EQ215		**85**		**63**		**45**		**30**	
123	stretcher chair	EF019		**60**		**31**					
124	laser, endovascular ablation (ELVS)	EQ160									

	A	B	C	N	O	P	Q	R	S	T	U
1				**Existing Feb-06**		**Recommend**		**Existing Feb-06**		**Recommend**	
2	*"*Please note: If a supply has a purchase price of $100 or more please hold the item name and CMS code*			**36478**				**36479**			
3	**Meeting Date: April 2014** **Tab: 38 Endovenous Ablation** **Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP**	**CMS Code**	**Staff Type**	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated*				*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent*			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**137**	**18**	**146**	**18**	**77**	**0**	**60**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**12**	**15**	**16**	**15**	**0**	**0**	**0**	**0**
8		L037D	RN/LPN/MTA	***12***	***15***	***12***	***15***	***0***	***0***	***0***	***0***
9		L054A	VasTech			***4***				***0***	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**122**		**127**		**77**		**60**	
11		L037D	RN/LPN/MTA	***19***		***39***		***0***		***7***	
12		L042A	RN/LPN	***59***		***47***		***45***		***30***	
13		L054A	VasTech	***44***		***41***		***32***		***23***	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3**	**3**	**3**	**3**	**0**	**0**	**0**	**0**
15		L037D	RN/LPN/MTA	***3***	***3***	***3***	***3***	***0***	***0***	***0***	***0***
16	**PRE-SERVICE**										
17	**Start: Following visit when decision for surgery or procedure made**										
18	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**2**	**2**	**2**	**2**				
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**				
20	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**5**		**5**				
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**4**		**4**					
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**				
23	Availability of prior images confirmed	L054A	VasTech			**2**					
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech			**2**					
25	*Other Clinical Activity - *specify:*										
26	**End: When patient enters office/facility for surgery/procedure**										
27	**SERVICE PERIOD**										
28	**Start: When patient enters office/facility for surgery/procedure:**										
29	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**					
30	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**					
31	Provide pre-service education/obtain consent										
32	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**					
33	Setup scope (non facility setting only) (Set up US Equip)	L054A	VasTech	**2**		**2**					
34	Prepare and position patient/ monitor patient/ set up IV	L042A	RN/LPN	**2**		**2**					
35	Sedate/apply anesthesia	L042A	RN/LPN	**2**							
37	**Intra-service**										
38	Assist physician in performing procedure	L042A	RN/LPN	**55**		**45**		**45**		**30**	
39	Assisting with image acquisition (75%)	L054A	VasTech	**37**		**34**		**30**		**23**	
40	Circulating throughout procedure (25%)	L037D	RN/LPN/MTA			**11**				**7**	
41	**Post-Service**										
42	Apply multi-layer comprehensive dressing	L037D	RN/LPN/MTA			**5**					
43	Monitor pt. following moderate sedation										
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	**3**		**7**					
45	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**					
50	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**					
51	Technologist QC's images US machine, ~~in PACS~~, checking for all images, reformats, and dose page	L054A	VasTech			**2**				**0**	
52	Review examination with interpreting MD	L054A	VasTech			**2**				**0**	
53	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			**1**					
54	*Other Clinical Activity - *specify: Process images, complete data sheet, present images and data to the interpreting physician*	L054A	VasTech	**5**				**2**			
58	**End: Patient leaves office**										
59	**POST-SERVICE Period**										
60	**Start: Patient leaves office/facility**										
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**				
70	**End: with last office visit before end of global period**										

	A	B	C	N	O	P	Q	R	S	T	U
1				Existing Feb-06		Recommend		Existing Feb-06		Recommend	
2	"*Please note: If a supply has a purchase price of $100 or more please hold the item name and CMS code			36478				36479			
3	**Meeting Date: April 2014** **Tab: 38 Endovenous Ablation** **Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP**	**CMS Code**	**Staff Type**	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated*				*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent*			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
71	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
72	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**					
73	**catheter, RF endovenous ablatiion occlusion**	**SD155**	**item**								
74	**kit, endovascular laser treatment**	**SA074**	**kit**	**1**		**1**					
75	kit, RF introducer	SA026	kit								
76	tray, catheter insertion	SA063	tray	**1**		**1**					
77	cap, surgical	SB001	item	**3**		**3**					
78	drape, sterile barrier 16in x 29in	SB007	item								
79	drape, sterile, femoral	SB009	item	**1**		**1**		**1**		**1**	
80	drape-towel, sterile 18inx26in	SB019	item	**4**		**4**		**4**		**4**	
81	gloves, sterile	SB024	pair	**2**		**2**					
82	gown, staff, impervious	SB027	item	**3**		**3**					
83	surgical mask, with face shield	SB034	item	**3**		**3**					
84	shoe covers, surgical	SB039	pair	**3**		**3**					
85	sheath-cover, sterile, 96in x 6in (transducer)	SB048	item	**1**		**1**					
86	needle, spinal 18-26g	SC028	item	**1**		**1**		**1**		**1**	
87	needle, butterfly 20-25g	SC030	item	**1**		**1**					
88	stop cock, 3-way	SC049	item	**1**		**1**					
89	syringe 20ml	SC053	item	**1**		**1**					
90	syringe 30 ml	SC054	item	**1**		**1**					
91	syringe 3ml	SC055	item	**1**		**1**					
92	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	**1**		**1**					
93	syringe, pressure 200ml	SC060	iten	**1**		**1**		**1**		**1**	
94	iv pressure infusor bag	SC074	item								
95	dilator, vessel, angiographic	SD043	item								
96	guidewire, hydrophilic (Glidewire)	SD089	item								
97	tubing, pressure	SD131	item	**1**		**1**					
98	vascular sheath	SD136	item					**1**		**1**	
99	scalpel with blade, surgical (#10-20)	SF033	item	**1**		**1**					
100	suture, nylon, 4-0 to 6-0, p, ps	SF037	item	**1**		**1**		**1**		**1**	
101	bandage, strip 0.75in x 3in	SG021	item	**1**		**1**		**1**		**1**	
102	steri-strips	SG074	item	**1**		**1**		**1**		**1**	
103	tape, porous-hypoallergenic 2in (Scanpore)	SG077	inch	**12**		**12**		**12**		**12**	
104	stockings, knee length, 20-30mm compression	SG087	pair	**1**		**1**					
105	lidocaine 2% w-epi inj (Xylocaine w-epi)	SH049	ml	**60**		**60**					
106	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	**1**		**1**		**1**		**1**	
107	sodium bicarbonate 8.4% inj w-needle (1ml uou)	SH090	item	**2**		**2**		**2**		**2**	
108	basin, irrigation	SJ009	item	**1**		**1**					
109	basin, emesis	SJ010	item	**1**		**1**					
110	hydrogen peroxide	SJ028	ml	**100**		**100**		**100**		**100**	
111	povidone surgical scrub (Betadine)	SJ042	ml	**100**		**100**		**100**		**100**	
112	swab-pad, alcohol	SJ053	item	**2**		**2**					
113	ultrasound transmission gel	SJ062	ml	**60**		**60**		**60**		**60**	
114	paper, photo printing (8.5 x 11)	SK058	item	**10**		**10**		**10**		**10**	
115	skin marking pen, sterile (Skin Skribe)	SK075	item	**1**		**1**					
116	video tape, VHS	SK086	item	**1**		**1**					
117	sanitizing cloth-wipe (patient)	SM021	item	**1**		**1**		**1**		**1**	
118											
119	**EQUIPMENT**	**CODE**									
120	ultrasound room, general	EL015		**90**		**63**		**45**		**30**	
121	table, tilt (w-trendelnberg)	EF032		**90**				**45**			
122	radiofrequency generator (vascular)	EQ215									
123	stretcher chair	EF019		**60**		**31**					
124	laser, endovascular ablation (ELVS)	EQ160		**90**		**63**		**45**		**30**	

	A	B	C	F	G	H	I	J	K	L	M
1				Existing Feb-06		Recommend		Existing Feb-06		Recommend	
2	*"*Please note: If a supply has a purchase price of $100 or more please hold the item name and CMS code*			36475				36476			
3	**Meeting Date: April 2014 Tab: 38 Endovenous Ablation Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP**	**CMS Code**	**Staff Type**	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated*				*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and*			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**150**	**18**	**146**	**18**	**77**	**0**	**62**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**12**	**15**	**16**	**15**	**0**	**0**	**0**	**0**
8		L037D	RN/LPN/MTA	***12***	***15***	***12***	***15***	***0***	***0***	***0***	***0***
9		L054A	VasTech			***4***				***0***	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**135**		**127**		**77**		**62**	
11		L037D	RN/LPN/MTA	***19***		***39***		***0***		***7***	
12		L042A	RN/LPN	***64***		***47***		***45***		***30***	
13		L054A	VasTech	***52***		***41***		***32***		***25***	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3**	**3**	**3**	**3**	**0**	**0**	**0**	**0**
15		L037D	RN/LPN/MTA	***3***	***3***	***3***	***3***	***0***	***0***	***0***	***0***
16	**PRE-SERVICE**										
17	**Start: Following visit when decision for surgery or procedure made**										
18	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**2**	**2**	**2**	**2**				
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**				
20	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**5**		**5**				
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**4**		**4**					
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**				
23	Availability of prior images confirmed	L054A	VasTech			**2**					
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech			**2**					
25	*Other Clinical Activity - *specify:*										
26	**End: When patient enters office/facility for surgery/procedure**										
27	**SERVICE PERIOD**										
28	**Start: When patient enters office/facility for surgery/procedure:**										
29	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**					
30	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**					
31	Provide pre-service education/obtain consent										
32	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**					
33	Setup scope (non facility setting only) (Set up US Equip)	L054A	VasTech	**2**		**2**					
34	Prepare and position patient/ monitor patient/ set up IV	L042A	RN/LPN	**2**		**2**					
35	Sedate/apply anesthesia	L042A	RN/LPN	**2**							
37	**Intra-service**										
38	Assist physician in performing procedure	L042A	RN/LPN	**60**		**45**		**45**		**30**	
39	Assisting with image acquisition (75%)	L054A	VasTech	**45**		**34**		**30**		**23**	
40	Circulating throughout procedure (25%)	L037D	RN/LPN/MTA			**11**				**7**	
41	**Post-Service**										
42	Apply multi-layer comprehensive dressing	L037D	RN/LPN/MTA			**5**					
43	Monitor pt. following moderate sedation										
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	**3**		**7**					
45	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**					
50	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**					
51	Technologist QC's images US machine, ~~in PACS~~, checking for all images, reformats, and dose page	L054A	VasTech			**2**				**1**	
52	Review examination with interpreting MD	L054A	VasTech			**2**				**1**	
53	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			**1**					
54	*Other Clinical Activity - *specify: Process images, complete data sheet, present images and data to the interpreting physician*	L054A	VasTech	**5**				**2**			
58	**End: Patient leaves office**										
59	**POST-SERVICE Period**										
60	**Start: Patient leaves office/facility**										
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**				
70	**End: with last office visit before end of global period**										

	A	B	C	F	G	H	I	J	K	L	M
1				Existing Feb-06		Recommend		Existing Feb-06		Recommend	
2	*"*Please note: If a supply has a purchase price of $100 or more please hold the item name and CMS code*			36475				36476			
3	**Meeting Date: April 2014 Tab: 38 Endovenous Ablation Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP**	**CMS Code**	**Staff Type**	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated*				*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and*			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
71	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
72	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**					
73	**catheter, RF endovenous ablatiion occlusion**	**SD155**	**item**	**1**		**1**					
74	**kit, endovascular laser treatment**	**SA074**	**kit**								
75	kit, RF introducer	SA026	kit	**1**		**1**					
76	tray, catheter insertion	SA063	tray	**1**		**1**					
77	cap, surgical	SB001	item	**3**		**3**					
78	drape, sterile barrier 16in x 29in	SB007	item	**1**		**1**					
79	drape, sterile, femoral	SB009	item	**1**		**1**		**1**		**1**	
80	drape-towel, sterile 18inx26in	SB019	item	**4**		**4**		**4**		**4**	
81	gloves, sterile	SB024	pair	**2**		**2**					
82	gown, staff, impervious	SB027	item	**3**		**3**					
83	surgical mask, with face shield	SB034	item	**3**		**3**					
84	shoe covers, surgical	SB039	pair	**3**		**3**					
85	sheath-cover, sterile, 96in x 6in (transducer)	SB048	item	**1**		**1**					
86	needle, spinal 18-26g	SC028	item	**1**		**1**		**1**		**1**	
87	needle, butterfly 20-25g	SC030	item	**1**		**1**					
88	stop cock, 3-way	SC049	item	**1**		**1**					
89	syringe 20ml	SC053	item	**1**		**1**					
90	syringe 30 ml	SC054	item	**1**		**1**					
91	syringe 3ml	SC055	item	**1**		**1**					
92	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	**1**		**1**					
93	syringe, pressure 200ml	SC060	iten	**1**		**1**		**1**		**1**	
94	iv pressure infusor bag	SC074	item	**1**		**1**					
95	dilator, vessel, angiographic	SD043	item	**1**		**1**					
96	guidewire, hydrophilic (Glidewire)	SD089	item	**1**		**1**					
97	tubing, pressure	SD131	item	**1**		**1**					
98	vascular sheath	SD136	item	**1**		**1**		**1**		**1**	
99	scalpel with blade, surgical (#10-20)	SF033	item	**1**		**1**					
100	suture, nylon, 4-0 to 6-0, p, ps	SF037	item	**1**		**1**		**1**		**1**	
101	bandage, strip 0.75in x 3in	SG021	item	**1**		**1**		**1**		**1**	
102	steri-strips	SG074	item	**1**		**1**		**1**		**1**	
103	tape, porous-hypoallergenic 2in (Scanpore)	SG077	inch	**12**		**12**		**12**		**12**	
104	stockings, knee length, 20-30mm compression	SG087	pair	**1**		**1**					
105	lidocaine 2% w-epi inj (Xylocaine w-epi)	SH049	ml	**60**		**60**					
106	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	**1**		**1**		**1**		**1**	
107	sodium bicarbonate 8.4% inj w-needle (1ml uou)	SH090	item	**2**		**2**		**2**		**2**	
108	basin, irrigation	SJ009	item	**1**		**1**					
109	basin, emesis	SJ010	item	**1**		**1**					
110	hydrogen peroxide	SJ028	ml	**100**		**100**		**100**		**100**	
111	povidone surgical scrub (Betadine)	SJ042	ml	**100**		**100**		**100**		**100**	
112	swab-pad, alcohol	SJ053	item	**2**		**2**					
113	ultrasound transmission gel	SJ062	ml	**60**		**60**		**60**		**60**	
114	paper, photo printing (8.5 x 11)	SK058	item	**10**		**10**		**10**		**10**	
115	skin marking pen, sterile (Skin Skribe)	SK075	item	**1**		**1**					
116	video tape, VHS	SK086	item	**1**		**1**					
117	sanitizing cloth-wipe (patient)	SM021	item	**1**		**1**		**1**		**1**	
118											
119	**EQUIPMENT**	**CODE**									
120	ultrasound room, general	EL015		**85**		**63**		**45**		**32**	
121	table, tilt (w-trendelnberg)	EF032		**85**				**45**			
122	radiofrequency generator (vascular)	EQ215		**85**		**63**		**45**		**32**	
123	stretcher chair	EF019		**60**		**30**					
124	laser, endovascular ablation (ELVS)	EQ160									

	A	B	C	N	O	P	Q	R	S	T	U
1				Existing Feb-06		Recommend		Existing Feb-06		Recommend	
2	'*Please note: If a supply has a purchase price of $100 or more please hold the item name and CMS code			36478				36479			
3	**Meeting Date: April 2014** **Tab: 38 Endovenous Ablation** **Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP**	**CMS Code**	**Staff Type**	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated*				*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent*			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**137**	**18**	**146**	**18**	**77**	**0**	**62**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**12**	**15**	**16**	**15**	**0**	**0**	**0**	**0**
8		L037D	RN/LPN/MTA	***12***	***15***	***12***	***15***	***0***	***0***	***0***	***0***
9		L054A	VasTech			***4***				***0***	
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**122**		**127**		**77**		**62**	
11		L037D	RN/LPN/MTA	***19***		***39***		***0***		***7***	
12		L042A	RN/LPN	***59***		***47***		***45***		***30***	
13		L054A	VasTech	***44***		***41***		***32***		***25***	
14	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3**	**3**	**3**	**3**	**0**	**0**	**0**	**0**
15		L037D	RN/LPN/MTA	***3***	***3***	***3***	***3***	***0***	***0***	***0***	***0***
16	**PRE-SERVICE**										
17	**Start: Following visit when decision for surgery or procedure made**										
18	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**2**	**2**	**2**	**2**				
19	Coordinate pre-surgery services	L037D	RN/LPN/MTA	**3**	**5**	**3**	**5**				
20	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**5**		**5**				
21	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**4**		**4**					
22	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**				
23	Availability of prior images confirmed	L054A	VasTech			**2**					
24	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech			**2**					
25	*Other Clinical Activity - *specify:*										
26	**End: When patient enters office/facility for surgery/procedure**										
27	**SERVICE PERIOD**										
28	**Start: When patient enters office/facility for surgery/procedure:**										
29	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**		**3**					
30	Obtain vital signs	L037D	RN/LPN/MTA	**5**		**5**					
31	Provide pre-service education/obtain consent										
32	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	**2**		**2**					
33	Setup scope (non facility setting only) (Set up US Equip)	L054A	VasTech	**2**		**2**					
34	Prepare and position patient/ monitor patient/ set up IV	L042A	RN/LPN	**2**		**2**					
35	Sedate/apply anesthesia	L042A	RN/LPN	**2**							
37	**Intra-service**										
38	Assist physician in performing procedure	L042A	RN/LPN	**55**		**45**		**45**		**30**	
39	Assisting with image acquisition (75%)	L054A	VasTech	**37**		**34**		**30**		**23**	
40	Circulating throughout procedure (25%)	L037D	RN/LPN/MTA			**11**				**7**	
41	**Post-Service**										
42	Apply multi-layer comprehensive dressing	L037D	RN/LPN/MTA			**5**					
43	Monitor pt. following moderate sedation										
44	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA	**3**		**7**					
45	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	**3**		**3**					
50	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	**3**		**3**					
51	Technologist QC's images US machine, ~~in PACS~~, checking for all images, reformats, and dose page	L054A	VasTech			**2**				**1**	
52	Review examination with interpreting MD	L054A	VasTech			**2**				**1**	
53	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			**1**					
54	*Other Clinical Activity - *specify: Process images, complete data sheet, present images and data to the interpreting physician*	L054A	VasTech	**5**				**2**			
58	**End: Patient leaves office**										
59	**POST-SERVICE Period**										
60	**Start: Patient leaves office/facility**										
61	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**				
70	**End: with last office visit before end of global period**										

	A	B	C	N	O	P	Q	R	S	T	U
1				Existing Feb-06		Recommend		Existing Feb-06		Recommend	
2	"*Please note: If a supply has a purchase price of $100 or more please hold the item name and CMS code			36478				36479			
3	**Meeting Date: April 2014** **Tab: 38 Endovenous Ablation** **Specialty: SVS, ACS, SIR, ACR, ACC, SCAI and ACP**	**CMS Code**	**Staff Type**	*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated*				*Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent*			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
71	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
72	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**					
73	**catheter, RF endovenous ablatiion occlusion**	**SD155**	**item**								
74	**kit, endovascular laser treatment**	**SA074**	**kit**	**1**		**1**					
75	kit, RF introducer	SA026	kit								
76	tray, catheter insertion	SA063	tray	**1**		**1**					
77	cap, surgical	SB001	item	**3**		**3**					
78	drape, sterile barrier 16in x 29in	SB007	item								
79	drape, sterile, femoral	SB009	item	**1**		**1**		**1**		**1**	
80	drape-towel, sterile 18inx26in	SB019	item	**4**		**4**		**4**		**4**	
81	gloves, sterile	SB024	pair	**2**		**2**					
82	gown, staff, impervious	SB027	item	**3**		**3**					
83	surgical mask, with face shield	SB034	item	**3**		**3**					
84	shoe covers, surgical	SB039	pair	**3**		**3**					
85	sheath-cover, sterile, 96in x 6in (transducer)	SB048	item	**1**		**1**					
86	needle, spinal 18-26g	SC028	item	**1**		**1**		**1**		**1**	
87	needle, butterfly 20-25g	SC030	item	**1**		**1**					
88	stop cock, 3-way	SC049	item	**1**		**1**					
89	syringe 20ml	SC053	item	**1**		**1**					
90	syringe 30 ml	SC054	item	**1**		**1**					
91	syringe 3ml	SC055	item	**1**		**1**					
92	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	**1**		**1**					
93	syringe, pressure 200ml	SC060	iten	**1**		**1**		**1**		**1**	
94	iv pressure infusor bag	SC074	item								
95	dilator, vessel, angiographic	SD043	item								
96	guidewire, hydrophilic (Glidewire)	SD089	item								
97	tubing, pressure	SD131	item	**1**		**1**					
98	vascular sheath	SD136	item					**1**		**1**	
99	scalpel with blade, surgical (#10-20)	SF033	item	**1**		**1**					
100	suture, nylon, 4-0 to 6-0, p, ps	SF037	item	**1**		**1**		**1**		**1**	
101	bandage, strip 0.75in x 3in	SG021	item	**1**		**1**		**1**		**1**	
102	steri-strips	SG074	item	**1**		**1**		**1**		**1**	
103	tape, porous-hypoallergenic 2in (Scanpore)	SG077	inch	**12**		**12**		**12**		**12**	
104	stockings, knee length, 20-30mm compression	SG087	pair	**1**		**1**					
105	lidocaine 2% w-epi inj (Xylocaine w-epi)	SH049	ml	**60**		**60**					
106	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item	**1**		**1**		**1**		**1**	
107	sodium bicarbonate 8.4% inj w-needle (1ml uou)	SH090	item	**2**		**2**		**2**		**2**	
108	basin, irrigation	SJ009	item	**1**		**1**					
109	basin, emesis	SJ010	item	**1**		**1**					
110	hydrogen peroxide	SJ028	ml	**100**		**100**		**100**		**100**	
111	povidone surgical scrub (Betadine)	SJ042	ml	**100**		**100**		**100**		**100**	
112	swab-pad, alcohol	SJ053	item	**2**		**2**					
113	ultrasound transmission gel	SJ062	ml	**60**		**60**		**60**		**60**	
114	paper, photo printing (8.5 x 11)	SK058	item	**10**		**10**		**10**		**10**	
115	skin marking pen, sterile (Skin Skribe)	SK075	item	**1**		**1**					
116	video tape, VHS	SK086	item	**1**		**1**					
117	sanitizing cloth-wipe (patient)	SM021	item	**1**		**1**		**1**		**1**	
118											
119	**EQUIPMENT**	**CODE**									
120	ultrasound room, general	EL015		**90**		**63**		**45**		**32**	
121	table, tilt (w-trendelnberg)	EF032		**90**				**45**			
122	radiofrequency generator (vascular)	EQ215									
123	stretcher chair	EF019		**60**		**30**					
124	laser, endovascular ablation (ELVS)	EQ160		**90**		**63**		**45**		**32**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported Together 75% or More

January 2016

Dialysis Circuit

In January 2015, the Joint CPT/RUC Workgroup on Codes Reported Together Frequently identified codes 35475, 35476, 36147, 36148, 37236, 37238, 75791, 75962, and 75968 as being frequently reported together in various combinations. At the October 2015 CPT Editorial Panel meeting, the Panel approved the creation of nine new codes and deletion of four codes to describe bundled dialysis circuit intervention services.

369X1 ***Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiologic supervision and interpretation and image documentation and report***

The RUC reviewed the survey results from 114 interventional radiologists, nephrologists and vascular surgeons and agreed with the following physician time components: pre-service time of 26 minutes, intra-service time of 25 minutes and immediate post-service time of 15 minutes. The RUC agreed that 3 additional minutes above the standard pre-service time package is necessary because the procedure is performed on the extremity, typically the arm, with fluoroscopy. The arm needs to be appropriately placed and padded to allow imaging of the entire arm, access, and central venous drainage. In addition, the RUC added 5 minutes to the scrub, dress and wait time, as the pre-service time package does not allocate minutes for dressing and scrubbing for the procedure, only for administration of a local anesthetic. Sterile operating room technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff.

The RUC reviewed the survey respondents' physician work values and agreed that the survey results overestimate the work involved in the service at the 25th percentile work RVU of 3.72. To determine an appropriate work RVU, the RUC compared the surveyed code to CPT code 45378 *Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)* (work RVU= 3.36, intra time= 25 minutes) and noted that both services have identical intra-service time and comparable physician work. Therefore, the RUC recommends a work RVU of 3.36, a direct work RVU crosswalk from code 45378, for CPT code 369X1. To justify a work RVU of 3.36, the RUC reviewed CPT codes 19083 *Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance* (work RVU= 3.10, intra time= 25 minutes) and 15277 *Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple*

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digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children (work RVU= 4.00, intra time= 25 minutes) and agreed that these two services, with identical intra-service time and comparable work, provide accurate comparisons to the recommended value. **The RUC recommends a work RVU of 3.36 for CPT code 369X1.**

369X2 ***Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiologic supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty***

The RUC reviewed the survey results from 114 interventional radiologists, nephrologists and vascular surgeons and agreed with the following physician time components: pre-service time of 26 minutes, intra-service time of 40 minutes and immediate post-service time of 20 minutes. The RUC agreed that 3 additional minutes above the standard pre-service time package is necessary because the procedure is performed on the extremity, typically the arm, with fluoroscopy. The arm needs to be appropriately placed and padded to allow imaging of the entire arm, access, and central venous drainage. In addition, the RUC added 5 minutes to the scrub, dress and wait time, as the pre-service time package does not allocate minutes for dressing and scrubbing for the procedure, only for administration of a local anesthetic. Sterile operating room technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff.

The RUC reviewed the survey respondents' physician work values and agreed that the survey results overestimate the work involved in the service at the 25th percentile work RVU of 6.00. To determine an appropriate work RVU, the RUC compared the surveyed code to CPT code 43253 *Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)* (work RVU= 4.83, intra time= 40 minutes) and noted that both services have identical intra-service time and comparable physician work. Therefore, the RUC recommends a work RVU of 4.83, a direct work RVU crosswalk from code 43253, for CPT code 369X2. To justify a work RVU of 4.83, the RUC reviewed MPC code 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* (work RVU= 5.44, intra time= 45 minutes) and CPT code 45393 *Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed* (work RVU= 4.78, intra time= 40 minutes) and agreed that these two services, with similar intra-service time and work, provide accurate comparisons to the recommended value. **The RUC recommends a work RVU of 4.83 for CPT code 369X2.**

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369X3 ***Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiologic supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s) peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment***

The RUC reviewed the survey results from 114 interventional radiologists, nephrologistsand vascular surgeons and agreed with the following physician time components: pre-service time of 26 minutes, intra-service time of 50 minutes and immediate post-service time of 20 minutes. The RUC agreed that 3 additional minutes above the standard pre-service time package is necessary because the procedure is performed on the extremity, typically the arm, with fluoroscopy. The arm needs to be appropriately placed and padded to allow imaging of the entire arm, access, and central venous drainage. In addition, the RUC added 5 minutes to the scrub, dress and wait time, as the pre-service time package does not allocate minutes for dressing and scrubbing for the procedure, only for administration of a local anesthetic. Sterile operating room technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff.

The RUC reviewed the survey respondents' physician work values and agreed that the survey results overestimate the work involved in the service at the 25th percentile work RVU of 8.00. To determine an appropriate work RVU, the RUC compared the surveyed code to CPT code 52282 *Cystourethroscopy, with insertion of permanent urethral stent* (work RVU= 6.39, intra time= 50 minutes) and noted that both services have identical intra-service time and comparable physician work. Therefore, the RUC recommends a work RVU of 6.39, a direct work RVU crosswalk from code 52282, for CPT code 369X3. To justify a work RVU of 6.39, the RUC reviewed CPT codes 36224 *Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed* (work RVU= 6.50, intra time= 50 minutes) and 93459 *Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography* (work RVU= 6.60, intra time= 50 minutes) and agreed that these two services, with identical intra-service time and comparable work, provide accurate comparisons to the recommended value. **The RUC recommends a work RVU of 6.39 for CPT code 369X3.**

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369X4 ***Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)***

The RUC reviewed the survey results from 114 interventional radiologists, nephrologists and vascular surgeons and agreed with the following physician time components: pre-service time of 31 minutes, intra-service time of 60 minutes and immediate post-service time of 20 minutes. The RUC agreed that 3 additional minutes above the standard pre-service time package is necessary because the procedure is performed on the extremity, typically the arm, with fluoroscopy. The arm needs to be appropriately placed and padded to allow imaging of the entire arm, access, and central venous drainage. In addition, the RUC added 5 minutes to the scrub, dress and wait time, as the pre-service time package does not allocate minutes for dressing and scrubbing for the procedure, only for administration of a local anesthetic. Sterile operating room technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff.

The RUC reviewed the survey respondents' physician work values and agreed that the survey results accurately value this service at the 25th percentile work RVU of 7.50. To justify a work RVU of 7.50, the RUC compared the surveyed code to MPC code 52353*Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)* (work RVU= 7.50, intra time = 60 minutes) and agreed that since both services should be valued the same, given their identical intra-service times and comparable physician work. The RUC also reviewed CPT codes 39402 *Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)* (work RVU= 7.25, intra time= 60 minutes) and 37211 *Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day* (work RVU= 8.00, intra time= 60 minutes) and agreed that these two services, with identical intra-service time and comparable work, provide accurate comparisons to the recommended value. **The RUC recommends a work RVU of 7.50 for CPT code 369X4.**

369X5 ***Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty***

The RUC reviewed the survey results from 114 interventional radiologists, nephrologists and vascular surgeons and agreed with the following physician time components: pre-service time of 31 minutes, intra-service time of 75 minutes and immediate post-service time of 20 minutes. The RUC agreed that 3 additional minutes above the standard pre-service time package is necessary because the procedure is performed on the extremity, typically the arm, with fluoroscopy. The arm needs to be appropriately placed and padded to allow imaging of the entire arm, access, and central venous drainage. In addition, the RUC added 5 minutes to the scrub, dress and wait time, as the pre-service time package does not allocate minutes for dressing and scrubbing for the procedure, only for administration of a local anesthetic. Sterile operating room technique is

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maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff.

The RUC reviewed the survey respondents' physician work values and agreed that the survey results accurately value this service at the 25th percentile work RVU of 9.00. To justify a work RVU of 9.00, the RUC compared the surveyed code to CPT codes 37224 *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty* (work RVU= 9.00, intra time= 80 minutes) and 43265 *Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)* (work RVU= 8.03, intra time= 78 minutes) and agreed that these two services, with comparable intra-service time and work, provide accurate comparisons to the recommended value. Finally, the RUC noted that code 389X5 has 15 additional minutes of intra-service time compared to 369X4, resulting in an appropriate increment of 1.50 work RVUs. **The RUC recommends a work RVU of 9.00 for CPT code 369X5.**

369X6 ***Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of an intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation to perform the stenting and all angioplasty within the peripheral dialysis circuit***

The RUC reviewed the survey results from 114 interventional radiologists, nephrologists and vascular surgeons and agreed with the following physician time components: pre-service time of 31 minutes, intra-service time of 90 minutes and immediate post-service time of 20 minutes. The RUC agreed that 3 additional minutes above the standard pre-service time package is necessary because the procedure is performed on the extremity, typically the arm, with fluoroscopy. The arm needs to be appropriately placed and padded to allow imaging of the entire arm, access, and central venous drainage. In addition, the RUC added 5 minutes to the scrub, dress and wait time, as the pre-service time package does not allocate minutes for dressing and scrubbing for the procedure, only for administration of a local anesthetic. Sterile operating room technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff.

The RUC reviewed the survey respondents' physician work values and agreed that the survey results accurately value this service at the 25th percentile work RVU of 10.42. To justify a work RVU of 10.42, the RUC compared the surveyed code to the second key reference code 37221 *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed* (work RVU= 10.00, intra time= 90 minutes) and agreed that since both services have identical intra-service time, they should both be valued similarly. The RUC also reviewed CPT codes 61650 *Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory* (work RVU= 10.00, intra time= 90 minutes) and 37226 *Revascularization, endovascular, open or percutaneous,*

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femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (work RVU= 10.49, intra time= 90 minutes) and agreed that these two services, with comparable intra-service time and work, provide accurate comparisons to the recommended value. Finally, the RUC noted that code 379X6 has 15 additional minutes of intra-service time compared to 369X5, resulting in an appropriate increment of approximately 1.50 work RVUs that was established between 369X4 and 369X5. **The RUC recommends a work RVU of 10.42 for CPT code 369X6.**

369X7 ***Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 114 interventional radiologists, nephrologists and vascular surgeons and agreed that an intra-service time of 25 minutes is appropriate for this add-on procedure.

The RUC reviewed the survey respondents' physician work values and agreed that the survey results overestimate the work involved in the service at the 25th percentile work RVU of 3.73. To determine an appropriate work RVU, the RUC compared the surveyed code to CPT code 32506 *Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral* (work RVU= 3.00, intra time= 25 minutes) and noted that both services have identical intra-service time and comparable physician work. Therefore, the RUC recommends a work RVU of 3.00, a direct work RVU crosswalk from code 32506, for CPT code 369X7. To justify a work RVU of 3.00, the RUC reviewed CPT code 36476 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites* (work RVU= 2.65, intra time= 30 minutes) and 61782 *Stereotactic computer-assisted (navigational) procedure; cranial, extradural* (work RVU= 3.18, intra time= 25 minutes) and agreed that these two services, with similar intra-service time and work, provide accurate comparisons to the recommended value. **The RUC recommends a work RVU of 3.00 for CPT code 369X7.**

369X8 ***Transcatheter placement of an intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 114 interventional radiologists, nephrologist and vascular surgeons and agreed that an intra-service time of 40 minutes is appropriate for this add-on procedure.

The RUC reviewed the survey respondents' physician work values and agreed that the survey results accurately value this service at the 25th percentile work RVU of 4.25. To justify a work RVU of 4.25, the RUC compared the surveyed code to the top key reference code 37223 *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed* (work RVU= 4.25, intra time= 45 minutes) and noted that while the reference code

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has 5 additional minutes of intra-service time, 369X8 represents more intense work and is justifiably valued the same. The RUC also reviewed CPT code 37232 *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty* (work RVU= 4.00, intra time= 40 minutes) and agreed that this service, with similar intra-service time and work, provide an accurate comparison to the recommended value. **The RUC recommends a work RVU of 4.25 for CPT code 369X8.**

369X9 ***Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 114 interventional radiologists, nephrologists and vascular surgeons and agreed that an intra-service time of 30 minutes is appropriate for this add-on procedure.

The RUC reviewed the survey respondents' physician work values and agreed that the survey 25th percentile work RVU of 4.25 is too high for this procedure. To determine an appropriate work value, the RUC compared the surveyed code to CPT code 38746 *Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy* (work RVU= 4.12, intra time= 30 minutes) and noted that both services have identical intra-service time and comparable physician work. Therefore, the RUC recommends a work RVU of 4.12, a direct work RVU crosswalk from code 38746, for CPT code 369X9. To justify a work RVU of 4.12, the RUC reviewed CPT codes 32674*Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy* (work RVU= 4.12, intra time= 30 minutes and 36228 *Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery)* (work RVU= 4.25, intra time= 30 minutes) and agreed that these two services, with identical intra-service time and work, provide accurate comparisons to the recommended value.

The RUC also compared this service to the similar transluminal balloon angioplasty service reviewed at this meeting, CPT code 372X4 (RUC recommended work RVU of 2.97). The RUC noted that while these two services have identical intra-service times, embolization of the fistula is a very different, more complex service than an angioplasty. CPT code 369X9 involves manipulating the catheter more frequently than an angioplasty. The physician is also depositing multiple coils and coil placement is important as the risk that the coil may travel centrally in to the pulmonary vasculature is high. Furthermore, the RUC noted that code 369X9 is the next step following the work of code 369X1 and therefore represents an appropriate increase above 369X1 (RUC recommended work RVU= 3.36, intra time= 25 minutes) given the 5 additional minutes of intra-service time. **The RUC recommends a work RVU of 4.12 for CPT code 369X9.**

Practice Expense
The RUC approved the direct practice expense inputs as modified by the Practice Expense Subcommittee.

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Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Arteries and Veins **Vascular Injection Procedures** **Intra-Arterial-Intra-Aortic** ~~***Diagnostic Studies of Arteriovenous (AV) Shunts for Dialysis:*** *For diagnostic studies, the arteriovenous (AV) dialysis shunt (AV shunt) is defined as beginning with the arterial anastomosis and extending to the right atrium. This definition includes all upper and lower extremity AV shunts (arteriovenous fistulae [AVF] and arteriovenous grafts [AVG]). Code 36147 includes the work of directly accessing and imaging the entire AV shunt. Antegrade and/or retrograde punctures of the AV shunt are typically used for imaging, and contrast may be injected directly through a needle or through a catheter placed into the AV shunt. Occasionally the catheter needs to be advanced further into the shunt to adequately visualize the arterial anastomosis or the central veins, and all manipulation of the catheter for diagnostic imaging of the AV shunt is included in 36147. Advancement of the catheter to the vena cava to adequately image that segment of the AV shunt is included in 36147 and is not separately reported. Advancement of the catheter tip through the arterial anastomosis to adequately visualize the anastomosis is also considered integral to the work of 36147 and is not separately reported.*** ~~*Ultrasound guidance for puncture of the AV shunt is not included in 36147. Particularly in the case of new or failing AVF, ultrasound may be necessary to safely and effectively puncture the AV access for evaluation, and this may be reported separately with 76937 if all the appropriate elements for reporting 76937 are performed. Evaluation of the peri-anastomotic portion of the inflow is considered an integral part of the dialysis fistulagram and is included in the work of 36147. The perianastomotic portion of the vessel at the arterial anastomosis includes the short segment of the artery immediately adjacent to the anastomosis, the anastomosis itself, and the portion of the vessel or graft immediately distal to the anastomosis.*~~ ~~*The arterial inflow to the AV access is considered a separate vessel. If a more proximal inflow problem separate from the peri-anastomotic segment is suspected and additional catheter work and imaging must be done for adequate evaluation, this work is not included in 36147. If a catheter is selectively advanced from the AV shunt puncture into the inflow artery, an additional catheterization code may be reported. In the typical case of an upper extremity AV shunt, 36215 is used to report this work, and includes placement of the catheter retrograde into the inflow artery and into the aorta if necessary (ie, 36200 may not be also reported since that work is included in the work defined by 36215).*~~ ~~***Interventions for Arteriovenous (AV) Shunts Created for Dialysis (AV Grafts and AV Fistulae):*** *For the purposes of coding interventional procedures in arteriovenous (AV) shunts created for dialysis (both arteriovenous fistulae [AVF] and arteriovenous grafts [AVG]), the AV shunt is artificially divided into two vessel segments. The first segment is peripheral and extends from the peri-arterial anastomosis through*~~				

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~~*the axillary vein (or entire cephalic vein in the case of cephalic venous outflow). The second segment includes the veins central to the axillary and cephalic veins, including the subclavian and innominate veins through the vena cava. Interventions performed in a single segment, regardless of the number of lesions treated, are coded as a single intervention.*~~

~~*The AV shunt is considered to be venous and most interventions are coded with the venous intervention codes (ie, angioplasty is reported with venous angioplasty codes 35476, 75978). Codes 35476 and 75978 would be reported once to describe all angioplasty work performed in one segment of the AV dialysis shunt, regardless of the number of distinct lesions treated within that segment, the number of times the balloon is inflated, or the number of balloon catheters required to open all lesions.*~~

~~*There is an exception to the use of venous interventional codes. When there is a stenosis at the arterial anastomosis, it typically extends across the anastomosis and involves the artery just proximal to and at the anastomosis as well as the outflow vessel or graft. This segment is called the peri-anastomotic (or juxta-anastomotic) region, and even though the stenosis can involve multiple vessels, it is typically a single lesion with a single etiology crossing the anastomosis, and treatment to open this lesion crosses from the artery into the vein or venous graft. An intervention treated in this peri-anastomotic segment is coded as an arterial intervention (35475, 75962). Since the entire segment of the AV shunt from the peri-arterial anastomosis through the axillary vein is considered a single vessel for coding of interventions, the arterial angioplasty codes include the work of opening the perianastomotic stenosis, as well as all other stenoses treated within this segment of the vessel. Codes 35475 and 75962 are reported once to describe all work done to angioplasty any lesion from the peri-arterial anastomosis through the axillary vein in procedures that involve angioplasty of the peri-arterial anastomosis of the AV shunt. In these special instances, venous angioplasty codes would not be reported additionally for this first or most peripheral shunt segment, even if balloon angioplasty is performed on segments of the AV dialysis shunt that are purely venous anatomy within this specific vessel segment.*~~

~~*It is never appropriate to report removal of the arterial plug during a declot/thrombectomy procedure as an arterial or venous angioplasty (35475, 35476). Removal of the arterial plug is included in the work of a fistula thrombectomy (36870), even if a balloon catheter is used to mechanically dislodge the resistant thrombus.*~~

~~*The central veins (eg, subclavian, innominate, and cava) are considered an additional, separate venous vessel segment for purposes of interventional coding for AV dialysis shunt interventions. If one or more central venous stenoses are treated with angioplasty, this is reported as a single venous angioplasty (35476, 75978), regardless of the number of discrete lesions treated within this segment, and also independent of the number of balloon inflations or number of balloon catheters or sizes required. This additional work should be clearly documented in the patient record and in the recorded images.*~~

~~*The same rules used for angioplasty apply to stent placements for AV dialysis shunts with respect to the number of interventions reported for each patient. Either 37236 or 37238 is reported once to describe all work of stenting lesions within the defined AV dialysis shunt segment from the peri-arterial anastomosis through the axillary and cephalic veins, regardless of the number of stents placed or the number of discrete lesions treated within that vessel segment. Code 37238 is reported for placement of AV access stent unless the treated lesion includes the peri-anastomotic region. This perianastomotic region is considered an artery and therefore 37236 is reported instead of 37238. If additional stenting is required for central venous stenosis, this may be reported as an additional stent placement (37239), describing all the work of stent placement within the central venous segment.*~~

~~*The work of catheterizing all the veins in the dialysis AV shunt is included in 36147 (and, if appropriate, 36148). Selective catheterization of*~~

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~~*the inferior/superior vena cava and central veins cannot be separately reported when performed from a direct puncture of the AVF/AVG. However, if additional venous side branches off of the conduit, known as accessory veins, are separately catheterized for diagnosis or intervention such as embolization of a large competing accessory vein, this additional work may be separately reported using the appropriate selective venous catheterization codes (36011 and 36012). The embolization may be reported using 37241 once, irrespective of the number of branches embolized.*~~

36160 *Introduction of needle or intracatheter, aortic, translumbar*

……

36215 *Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family*

(For catheter placement for coronary angiography, see 93454-93461)

36216 *initial second order thoracic or brachiocephalic branch, within a vascular family*

36217 *initial third order or more selective thoracic or brachiocephalic branch, within a vascular family*

+*36218* *additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)*

(Use 36218 in conjunction with 36216, 36217, 36225, 36226)

(For angiography, see 36222-36228, 75600-75774~~, 75791~~)

(For transluminal balloon angioplasty [except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit], see 372X1, 372X2)

Arteries and Veins

Hemodialysis Access, Intervascular Cannulation for Extracorporeal Circulation, or Shunt Insertion

36800 *Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein*

36810 *arteriovenous, external (Scribner type)*

36815 *arteriovenous, external revision, or closure*

36818 *Arteriovenous anastomosis, open; by upper arm cephalic vein transposition*

(Do not report 36818 in conjunction with 36819, 36820, 36821, 36830 during a unilateral upper extremity procedure. For bilateral upper extremity open arteriovenous anastomoses performed at the same operative session, use modifier 50 or 59 as appropriate)

36819 *by upper arm basilic vein transposition*

(Do not report 36819 in conjunction with 36818, 36820, 36821, 36830 during a unilateral upper extremity procedure. For bilateral upper extremity open arteriovenous anastomoses performed at the same operative session, use modifier 50 or 59 as appropriate)

36820 *by forearm vein transposition*

36821 *direct, any site (eg, Cimino type) (separate procedure)*

(36822 has been deleted. To report, see 33951, 33952, 33953, 33954, 33955, 33956)

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36823 *Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites*
(36823 includes chemotherapy perfusion supported by a membrane oxygenator/perfusion pump. Do not report 96409-96425 in conjunction with 36823)

36825 *Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft*
(For direct arteriovenous anastomosis, use 36821)

36830 *nonautogenous graft (eg, biological collagen, thermoplastic graft)*
(For direct arteriovenous anastomosis, use 36821)

36831 *Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)*

36832 *Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)*

36833 *with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)*
(For percutaneous thrombectomy within the dialysis circuit, see 369X4, 369X5, 369X6)
(For central dialysis segment angioplasty in conjunction with 36818-36833, use 369X7)
(For central dialysis segment stent placement in conjunction with 36818-36833, use 369X8)
~~(For central vein imaging, see 75820, 75825)~~
~~(Do not report 36832, 36833 in conjunction with 369X1, 369X2, 369X3, 369X4, 369X5, 369X6 for revision of the dialysis circuit)~~

36835 *Insertion of Thomas shunt (separate procedure)*

36838 *Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)*
(Do not report 36838 in conjunction with 35512, 35522, 35523, 36832, 37607, 37618)

36860 *External cannula declotting (separate procedure); without balloon catheter*

36861 *with balloon catheter*
(If imaging guidance is performed, use 76000)

Dialysis Circuit

Definitions:

Dialysis circuit – The arteriovenous (AV) dialysis circuit is designed for easy and repetitive access to perform hemodialysis. It begins at the arterial anastomosis and extends to the right atrium. The circuit may be created using either an arterial-venous anastomosis, known as an arteriovenous fistula [AVF], or a prosthetic graft placed between an artery and vein, known as an arteriovenous graft [AVG]. The dialysis circuit is comprised of two segments termed the 1) peripheral dialysis segment and 2) the central dialysis segment. Both are defined below.

Peripheral dialysis segment – The peripheral dialysis segment is that portion of the dialysis circuit that begins at the arterial anastomosis and extends to the central dialysis segment. In the upper extremity, the peripheral dialysis segment extends through the axillary vein (or entire

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cephalic vein in the case of cephalic venous outflow). In the lower extremity, the peripheral dialysis segment extends through the common femoral vein. The peripheral dialysis segment includes the historic "peri-anastomotic region" (defined below).

Central dialysis segment – The central dialysis segment includes all draining veins central to the peripheral dialysis segment. In the upper extremity, the central dialysis segment includes the veins central to the axillary and cephalic veins, including the subclavian and innominate veins through the superior vena cava. In the lower extremity, the central dialysis segment includes the veins central to the common femoral vein, including the external iliac and common iliac veins through the inferior vena cava.

Peri-anastomotic region – A historic term referring to the region of an dialysis circuit near the arterial anastomosis encompassing a short segment of the parent artery, the anastomosis, and a short segment of the dialysis circuit immediately adjacent to the anastomosis. The peri-anastomotic region is included within the peripheral segment of the dialysis circuit.

Performed through dialysis circuit – Any diagnostic study or therapeutic intervention within the dialysis circuit performed through a direct percutaneous access to the dialysis circuit.

Code 369X1 includes direct access and imaging of the entire dialysis circuit. Antegrade and/or retrograde punctures of the dialysis circuit are typically used for imaging, and contrast may be injected directly through a needle or through a catheter placed into the dialysis circuit. All dialysis circuit punctures required to perform the procedure are included in 369X1. Occasionally the catheter needs to be advanced further into the circuit to adequately visualize the arterial anastomosis or the central veins, or selective catheterization of a venous branch may be required. All manipulation(s) of the catheter for diagnostic imaging of the dialysis circuit is included in 369X1. Advancement of the catheter to the vena cava to adequately image that segment of the dialysis circuit is included in 369X1 and is not separately reported. Code 369X1 also includes catheterization of additional venous side branches communicating with the dialysis circuit, known as accessory veins. Advancement of the catheter tip through the arterial anastomosis to adequately visualize the anastomosis is also included in the service described by 369X1 and is not separately reported. Evaluation of the peri-anastomotic portion of the inflow is an integral part of the dialysis circuit angiogram and is included in 369X1.

For purposes of reporting dialysis access maintenance services, the arterial inflow to the dialysis circuit is considered a separate vessel. If a more proximal arterial inflow problem separate from the peripheral dialysis segment is suspected, additional catheter placement and imaging required for adequate evaluation of the artery may be separately reported. If a catheter is selectively advanced from the dialysis circuit puncture beyond the peri-anastomotic segment into the inflow artery, an additional catheterization code may be reported. For example, 36215 may be used to report image-guided retrograde catheter placement into the inflow artery and into the aorta if necessary (36200 is not reported in addition to 36215 in this example). Note that 75710 may also be reported if contrast injection for diagnostic arteriography is performed through this catheter and radiologic supervision and interpretation and imaging documentation is performed.

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Ultrasound guidance for puncture of the dialysis circuit access is not typically performed and is not included in 369X1, 369X2, 369X3, 369X4, 369X5, and 369X6. However, in the case of a new (immature) or failing AVF, ultrasound may be necessary to safely and effectively puncture the dialysis circuit for evaluation, and this may be reported separately with 76937 if all the appropriate elements for reporting 76937 are performed and documented.

For radiologic supervision and interpretation of dialysis circuit angiography performed through existing access(es) or catheter-based arterial access, report 369X1 with modifier 52.

Dialysis Circuit Interventions (AV Grafts and AV Fistulae): For the purposes of coding interventional procedures in the dialysis circuit (both arteriovenous fistulae [AVF] and arteriovenous grafts [AVG]), the dialysis circuit is artificially divided into two distinct segments: the peripheral dialysis segment and the central dialysis segment (see definitions above).

Codes 369X1, 369X2, 369X3 and 369X4, 369X5, 369X6 are built on progressive hierarchies with more intensive services inclusive of less intensive services. Report only one code (369X1, 369X2, 369X3, 369X4, 369X5, 369X6) for services provided in a dialysis circuit.

Code 369X1 describes the diagnostic evaluation of the dialysis circuit, and this service is included in the services described by 369X1, 369X2, 369X3, 369X4, 369X5, 369X6. All catheterizations required to perform diagnostic fistulography are included in 369X1. All catheterizations required to perform additional interventional services are included in codes 369X2, 369X3, 369X4, 369X5, 369X6, 369X7, 369X8, 369X9 and are not separately reported. All angiography, fluoroscopic image guidance, roadmapping, and radiological supervision and interpretation required to perform each service is included in each code. Closure of the puncture(s) by any method is included in the service of each individual code.

Code 369X2 includes the services in 369X1 plus transluminal balloon angioplasty in the peripheral segment of the dialysis circuit. Code 369X2 would be reported only once per session to describe all angioplasty services performed in the peripheral segment of the dialysis circuit, regardless of the number of distinct lesions treated within that segment, the number of times the balloon is inflated, or the number of balloon catheters or sizes required to open all lesions, and includes angioplasty of the “peri-anastomotic segment” when performed. Code 369X3 includes the services in 369X2 plus transcatheter stent placement in the peripheral segment of the dialysis circuit. Code 369X3 is reported only once per session to describe placing stent(s) within the peripheral segment, regardless of the number of stent(s) placed or the number of discrete lesion(s) treated within the peripheral segment. If both angioplasty and stenting are performed in the peripheral segment, including treatment of separate lesions, report 369X3 only once.

Code 369X4 describes percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis in the dialysis circuit (all thrombus treated in both the peripheral and central dialysis circuit segments) and includes diagnostic angiography (369X1), fluoroscopic image guidance, catheter placement(s), and all maneuvers required to remove thrombus from the peripheral and/or central segments including

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all intraprocedural pharmacological thrombolytic injection(s)/infusion(s). It is never appropriate to report removal of the arterial plug during a declot/thrombectomy procedure as an angioplasty (369X5). Removal of the arterial plug is included in a fistula thrombectomy even if a balloon catheter is used to mechanically dislodge the resistant thrombus. Codes 369X5 (angioplasty) and 369X6 (stent) describe services in the peripheral circuit when performed in conjunction with thrombolysis/thrombectomy. Code 369X5 includes the services in 369X4 plus transluminal balloon angioplasty in the peripheral segment of the dialysis circuit. Code 369X5 may be reported only once per session to describe all angioplasty performed in the peripheral segment of the dialysis circuit, regardless of the number of distinct lesions treated within that segment, the number of times the balloon is inflated, or the number of balloon catheters required to open all lesions. Code 369X6 includes the services in 369X5 plus transcatheter stent placement in the peripheral segment of the dialysis circuit. Code 369X6 is reported only once per session to describe placing stent(s) within the peripheral segment, regardless of the number of stent(s) placed or the number of discrete lesion(s) treated within the peripheral segment.

Code 369X7 and 369X8 describe procedures performed through puncture(s) in the dialysis circuit. Similar procedures performed from a different access (eg, common femoral vein) may be reported using 362X3X, 362X4X or 37238X, 37239X. Code 369X7 is an add-on code used in conjunction with 369X1, 369X2, 369X3, 369X4, 369X5, 369X6 to report angioplasty within the central dialysis segment when performed through puncture of the dialysis circuit, and is reported once per session independent of the number of discrete lesions treated, the number of balloon inflations, and number of balloon catheters or sizes required. These additional services should be clearly documented in the patient record, including the recorded images. Code 369X7 may be reported only once per session with 369X1, 369X2, 369X3, 369X4, 369X5 or 369X6, as appropriate. Report 369X7 once for all angioplasty performed within the central dialysis segment.

Code 369X8 is an add-on code used in conjunction with 369X1, 369X2, 369X3, 369X4, 369X5, and 369X6 to report stenting lesion(s) in the central dialysis segment when performed through puncture of the dialysis circuit. It is reported once regardless of the number of discrete lesions treated or the number of stents placed. Code 369X8 includes the services in 369X7; therefore, code 369X8 may not be reported with 369X7 in the same session. Code 369X8 may be reported only once per session with 369X1, 369X2, 369X3, 369X4, 369X5 or 369X6, as appropriate.

Code 369X9 is an add-on code used to report endovascular embolization or occlusion of the main vessel or side branches arising from (emptying into) the dialysis circuit. Code 369X9 may only be reported once per therapeutic session, irrespective of the number of branches embolized or occluded. Embolization or occlusion of the main vessel or these side branches may not be reported with 37241.

If open dialysis circuit creation, revision, and/or thrombectomy (36818-36833) are performed, completion angiography is bundled, as is peripheral segment angioplasty and/or stent placement (369X1, 369X2, 369X3) and therefore not separately reported. However, dialysis circuit central segment angioplasty and/or stent placement may be separately reported (369X7, 369X8).

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D35450		~~Transluminal balloon angioplasty, open; renal or other visceral artery~~	~~000~~	N/A
D35452		~~aortic~~ ~~(Do not report 35452 in conjunction with 34841-34848)~~	~~000~~	N/A
D35458		~~brachiocephalic trunk or branches, each vessel~~ ~~(Do not report 35458 in conjunction with 37217 for ipsilateral services) (35459 has been deleted. To report, see 37228-37235)~~	~~000~~	N/A
D35460		~~venous~~ (35450, 35452, 35458, 35460 have been deleted. To report, see 369X2, 369X5, 369X7, 372X1, 372X2, 372X3, 372X4)	~~000~~	N/A
D35471		~~Transluminal balloon angioplasty, percutaneous; renal or visceral artery~~	~~000~~	N/A
D35472		~~aortic~~ ~~(Do not report 35472 in conjunction with 34841-34848)~~	~~000~~	N/A
D35475		~~brachiocephalic and branches, each vessel~~	~~000~~	N/A
D35476		~~venous~~ ~~(For radiological supervision and interpretation, use 75978)~~ (35471, 35472, 35475, 35476 have been deleted. To report, see 369X2, 369X5, 369X7, 372X1, 372X2, 372X3, 372X4)	~~000~~	N/A
D36147		~~Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image~~	~~000~~	N/A

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		~~documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)~~ ~~(If 36147 indicates the need for a therapeutic intervention requiring a second catheterization of the shunt, use 36148)~~ ~~(Do not report 36147 in conjunction with 75791)~~		
D36148		~~additional access for therapeutic intervention (List separately in addition to code for primary procedure)~~ ~~(Use 36148 in conjunction with 36147)~~ (36147, 36148 have been deleted. To report, see 369X1, 369X2, 369X3, 369X4, 369X5, 369X6)	~~000~~	N/A
D36870		~~Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)~~ ~~(Do not report 36870 in conjunction with 36593)~~ ~~(For catheterization, see 36147, 36148)~~ ~~(For radiological supervision and interpretation, see 36147, 75791)~~ (36870 has been deleted. To report percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis within the dialysis circuit, see 369X4, 369X5, 369X6)	~~000~~	N/A
●369X1	R1	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiologic supervision and interpretation and image documentation and report; (Do not report 369X1 in conjunction with 36833, 369X2, 369X3, 369X4, 369X5, 369X6)	000	3.36

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●369X2	R2	with transluminal balloon angioplasty; ~~within the~~ peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty (Do not report 369X2 in conjunction with 369X3)	000	4.83
●369X3	R3	with transcatheter placement of intravascular stent(s) within the peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment (Do not report 369X2, 369X3 in conjunction with 36833, 369X4, 369X5, 369X6) (Do not report 369X1, 369X2, or 369X3 more than once per operative session) (For transluminal balloon angioplasty within central vein(s) of patient when performed through dialysis circuit, use 369X7) (For transcatheter placement of intravascular stent(s) within central vein(s) of patient when performed through dialysis circuit, use 369X8)	000	6.39
●369X4	R4	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation; diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); (For open thrombectomy within the dialysis circuit, see 36831, 36833)	000	7.50
●369X5	R5	with transluminal balloon angioplasty, ~~within the~~ peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty (Do not report 369X5 in conjunction with 369X4)	000	9.00

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●369X6	R6	with transcatheter placement of an intravascular stent(s), peripheral dialysis segment, including all imaging radiological supervision and interpretation to perform the stenting and all angioplasty within the peripheral dialysis circuit, (Do not report 369X6 in conjunction with 369X1, 369X2, 369X3, 369X4, 369X5) (Do not report 369X4, 369X5, or 369X6 more than once per operative session) (For transluminal balloon angioplasty within central vein(s) of patient when performed through dialysis circuit, use 369X7) (For transcatheter placement of intravascular stent(s) within central vein(s) of patient when performed through dialysis circuit, use 369X8)	000	10.42
●+369X7	R7	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis access, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure) (Use 369X7 in conjunction with 369X1, 369X2, 369X3, 369X4, 369X5, 369X6, 36818-36833) (Do not report 369X7 in conjunction with 369X8) (Report 369X7 once for all angioplasty performed within the central dialysis segment)	ZZZ	3.00
●+369X8	R8	Transcatheter placement of an intravascular stent(s), ~~within~~ central dialysis segment, performed through dialysis ~~circuit~~access, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure) (Use 369X8 in conjunction with 369X1, 369X2, 369X3, 369X4, 369X5, 369X6, 36818-36833) (Do not report 369X8 in conjunction with 369X7) (Report 369X8 once for all stenting performed within the central dialysis segment)	ZZZ	4.25

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●+369X9	R9	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure) (369X9 includes all permanent vascular occlusions within the dialysis circuit and may only be reported once per encounter per day) (Report 369X9 in conjunction with 369X1, 369X2, 369X3, 369X4, 369X5, 369X6) (For open ligation/occlusion in dialysis access use 37607) (For open side branch ligation(s) in dialysis access, use 36832)	ZZZ	4.12
~~D75791~~		~~Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation~~ ~~(Do not report 75791 in conjunction with 36147, 36148)~~ ~~(For introduction of catheter, if necessary, see 36140, 36215-36217, 36245-36247)~~ ~~(Use 75791 only if radiological evaluation is performed through an already existing access into the shunt or from an access that is not a direct puncture of the shunt~~ ~~(For radiological evaluation with needle/catheter introduction, AV dialysis shunt, complete procedure, use 36147)~~ (75791 has been deleted. To report, see 369X1, 369X2, 369X3, 369X4, 369X5, 369X6) (For radiologic supervision and interpretation of dialysis circuit angiography performed through existing access(es) or catheter-based arterial access, report 369X1 with modifier 52)	~~XXX~~	N/A

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~~D75962~~		~~Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation~~ ~~(For radiological supervision and interpretation for transluminal balloon angioplasty in iliac, femoral, popliteal, and tibial/peroneal arteries, see 37220-37235)~~ ~~(For procedure, see 35458, 35475)~~ ~~(Do not report 75962 in conjunction with 37217 for ipsilateral services)~~	~~XXX~~	N/A
~~D75964~~		~~Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)~~ ~~(Use 75964 in conjunction with 75962)~~	~~XXX~~	N/A
~~D75966~~		~~Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation~~	~~XXX~~	N/A
~~D75968~~		~~Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)~~ ~~(Use 75968 in conjunction with 75966)~~	~~XXX~~	N/A
~~D75978~~		~~Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation~~ ~~(For radiological supervision and interpretation of transluminal balloon angioplasty within the peripheral and/or central segments of a dialysis circuit performed through the dialysis circuitaccess, see 369X2, 369X5, 369X7)~~ ~~(For percutaneous transluminal coronary angioplasty, see 92920-92944)~~	XXX	N/A
Cardiovascular System **Arteries and Veins** **Transcatheter Procedures** *Codes for catheter placement and the radiologic…*				

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Mechanical Thrombectomy
Code(s) for catheter placement(s), diagnostic studies…
Codes 37184-37188 specifically include intraprocedural…
Intraprocedural injection(s) of a thrombolytic agent…
For coronary mechanical thrombectomy, use 92973.
For intracranial arterial mechanical thrombectomy, use 61645.
~~For mechanical thrombectomy for dialysis fistula, use 36870.~~

Cardiovascular System

Arteries and Veins

Endovascular Revascularization (Open or Percutaneous, Transcatheter)

Codes 37236-37239 are used to report endovascular revascularization for vessels other than lower extremity artery(s) for occlusive disease (ie, 37221, 37223, 37226, 37227, 37230, 37231, 37234, 37235), cervical carotid (ie, 37215, 37216), intracranial (ie, 61635), intracoronary (ie, 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944), innominate and/or intrathoracic carotid artery through an antegrade approach (37218), extracranial vertebral (ie, 0075T, 0076T) performed percutaneously and/or through an open surgical exposure, open retrograde intrathoracic common carotid or innominate (37217), or dialysis ~~segment~~ circuit when performed through the dialysis circuit (369X3, 369X5, 369X8).

Codes 37236, 37237 describe transluminal intravascular stent insertion in an artery while 37238, 37239 describe transluminal intravascular stent insertion in a vein. Multiple stents placed in a single vessel may only be reported with a single code. If a lesion extends across the margins of one vessel into another, but can be treated with a single therapy, the intervention should be reported only once. When additional, different vessels are treated in the same session, report 37237 and/or 37239 as appropriate. Each code in this family (37236-37239) includes any and all balloon angioplasty(s) performed in the treated vessel, including any pre-dilation (whether performed as a primary or secondary angioplasty), postdilation following stent placement, treatment of a lesion outside the stented segment but in the same vessel, or use of larger/smaller balloon to achieve therapeutic result. Angioplasty in a separate and distinct vessel may be reported separately. Non-selective and/or selective catheterization(s) (eg, 36005, 36010-36015, 36200, 36215-36218, 36245-36248) is reported separately.

Codes 37236-37239 include radiological supervision and interpretation directly related to the intervention(s) performed, closure of the arteriotomy by pressure, application of an arterial closure device or standard closure of the puncture by suture, and imaging performed to document completion of the intervention in addition to the intervention(s) performed. Extensive repair or replacement of an artery may be reported separately (eg, 35226 or 35286). Report 76937 for ultrasound guidance for vascular access, when performed in conjunction with 37236-37239. Intravascular ultrasound may be reported separately (ie, ~~37250, 37251,~~ 37252, 37253). For mechanical thrombectomy and/or thrombolytic therapy, when performed, see 37184-37188, 37211-37214.

⊙37236 *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery*

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+37237 *each additional artery (List separately in addition to code for primary procedure)*
(Use 37237 in conjunction with 37236)
(Do not report 37236, 37237 in conjunction with 34841-34848 for bare metal or covered stents placed into the visceral branches within the endoprosthesis target zone)
(For stent placement(s) in iliac, femoral, popliteal, or tibial/peroneal artery(s) for occlusive disease, see 37221, 37223, 37226, 37227, 37230, 37231, 37234, 37235)
(For transcatheter placement of intravascular cervical carotid artery stent(s), see 37215, 37216)
(For transcatheter placement of intracranial stent(s), use 61635)
(For transcatheter placement of intracoronary stent(s), see 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944)
(For stenting of visceral arteries in conjunction with fenestrated endovascular repair, see 34841-34848)
(For open or percutaneous antegrade transcatheter placement of intrathoracic carotid/innominate artery stent(s), use 37218)
(For open or percutaneous transcatheter placement of extracranial vertebral artery stent(s), see Category III codes 0075T, 0076T)
(For open retrograde transcatheter placement of intrathoracic common carotid/innominate artery stent(s), use 37217)
(For placement of a stent at the arterial anastomosis of a dialysis circuit with or without transluminal mechanical thrombectomy and/or infusion for thrombolysis, see 369X3, 369X6)

37238 *Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein*

+37239 *each additional vein (List separately in addition to code for primary procedure)*
(Use 37239 in conjunction with 37238)
~~(For transluminal balloon angioplasty within the dialysis circuit performed through that circuit, see 369X2, 369X5, 369X7)~~
(For placement of a stent(s) ~~at the arterial anastomosis of a dialysis circuit~~ within the peripheral segment of the dialysis circuit ~~with or without transluminal mechanical thrombecomy and/or infusion for thrombolysis~~, see 369X3, 369X6)
(For transcatheter placement of an intravascular stent(s) within central dialysis segment when performed through the dialysis circuit, use 369X8)

Cardiovascular System
Arteries and Veins
Vascular Embolization and Occlusion

Codes 37241-37244 are used to describe ~~the work of~~ vascular embolization and occlusion procedures, excluding the central nervous system and the head and neck, which are reported using 61624, 61626, 61710, and 75894, and excluding the ablation/sclerotherapy procedures for venous insufficiency/telangiectasia of the extremities/skin, which are reported using 36468, 36470, and 36471. Embolization and occlusion procedures are performed for a wide variety of clinical indications and in a range of vascular territories. Arteries, veins, and lymphatics may all be the target of embolization.

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The embolization codes include all associated radiological supervision and interpretation, intra-procedural guidance and road-mapping, and imaging necessary to document completion of the procedure. They do not include diagnostic angiography and all necessary catheter placement(s). Code(s) for catheter placement(s) may be separately reported using selective catheter placement code(s), if used consistent with guidelines. Code(s) for diagnostic angiography may also be separately reported, when performed according to guidelines for diagnostic angiography during endovascular procedures, using the appropriate diagnostic angiography codes. Report these services with an appropriate modifier (eg, modifier 59). Please see the guidelines on the reporting of diagnostic angiography preceding 75600 in the ***Vascular Procedures, Aorta and Arteries*** *section.*

Code 37241 is used to report endovascular embolization or occlusion procedures performed for venous conditions other than hemorrhage or hemodialysis access. Examples include embolization of venous malformations, capillary hemangiomas, varicoceles, and visceral varices. ~~Embolization of side branch(es) of an outflow vein from a hemodialysis access would be reported using 37241.~~(For endovascular embolization or occlusion of side branch(es) of an outflow vein(s) from a hemodialysis access, use 369X9.)

Code 37242 is used to report vascular embolization or occlusion performed for arterial conditions other than hemorrhage or tumor such as arteriovenous malformations and arteriovenous fistulas whether congenital or acquired. Embolizations of aneurysms and pseudoaneurysms are also reported with 37242. Tumor embolization is reported with 37243. Note that injection to treat an extremity pseudoaneurysm is correctly reported with 36002. Sometimes, embolization and occlusion of an artery are performed prior to another planned interventional procedure; an example is embolization of the left gastric artery prior to planned implantation of a hepatic artery chemotherapy port. The artery embolization is reported with 37242.

Code 37243 is used to report embolization for the purpose of tissue ablation and organ infarction or ischemia. This can be performed in many clinical circumstances, including embolization of benign or malignant tumors of the liver, kidney, uterus, or other organs. When chemotherapy is given as part of an embolization procedure, additional codes (eg, 96420) may be separately reported. When a radioisotope (eg, Yttrium-90) is injected as part of an embolization, then additional codes (eg, 79445) may be separately reported. Uterine fibroid embolization is reported with 37243.

Code 37244 is used to report embolization for treatment of hemorrhage or vascular or lymphatic extravasation. Examples include embolization for management of gastrointestinal bleed, trauma-induced hemorrhage of the viscera or pelvis, embolization of the thoracic duct for chylous effusion and bronchial artery embolization for hemoptysis. Embolization of the uterine arteries for management of hemorrhage (eg, postpartum hemorrhage) is also reported with 37244.

Intravascular stents, both covered and uncovered, are a class of devices that may be used as part of an embolization procedure. As such, there is the potential for overlap among codes used for placement of vascular stents and those used for embolization. When a stent is placed for the purpose of providing a latticework for deployment of embolization coils, such as for embolization of an aneurysm, the embolization code is reported and not the stent code. If a stent is deployed as the sole management of an aneurysm, pseudoaneurysm, or vascular extravasation, then the stent deployment code should be reported and not the embolization code.

Only one embolization code should be reported for each surgical field (ie, the area immediately surrounding and directly involved in a treatment/procedure). ~~For example, embolization of one or more venous side branches in a single arm for a patient with a dialysis arteriovenous fistula is reported with 37241 only once per session.~~ Embolization procedures performed at a single setting and including

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multiple surgical fields (eg, a patient with multiple trauma and bleeding from the pelvis and the spleen) may be reported with multiple embolization codes with the appropriate modifier (eg, modifier 59).

There may be overlapping indications for an embolization procedure. The code for the immediate indication for the embolization should be used. For instance, if the immediate cause for embolization is bleeding in a patient with an aneurysm, report 37244.

⊙***37241*** *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)*

(For sclerosis of veins or endovenous ablation of incompetent extremity veins, see 36468-36479)

(For dialysis circuit permanent endovascular embolization or occlusion, use 369X9)

(Do not report 37241 in conjunction with 36468, 36470, 36471, 36475-36479, 75894, 75898 in the same surgical field)

⊙***37242*** *arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)*

(For percutaneous treatment of extremity pseudoaneurysm, use 36002)

⊙***37243*** *for tumors, organ ischemia, or infarction*

⊙***37244*** *for arterial or venous hemorrhage or lymphatic extravasation*

(Do not report 37242-37244 in conjunction with 75894, 75898 in the same surgical field)

(For embolization procedures of the central nervous system or head and neck, see 61624, 61626, 61710)

Category I

Radiology

Diagnostic Radiology (Diagnostic Imaging)

Vascular Procedures

Aorta and Arteries

✚***75774*** *Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)*

(Use 75774 in addition to code for specific initial vessel studied)

(Do not report 75774 as part of diagnostic angiography of the extracranial and intracranial cervicocerebral vessels. It may be appropriate to report 75774 for diagnostic angiography of upper extremities and other vascular beds performed in the same session)

(For angiography, see 36147, 75600-75756, ~~75791~~)

(For catheterizations, see codes 36215-36248)

(For cardiac catheterization procedures, see 93452-93462, 93531-93533, 93563-93568)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:369X1 Tracking Number R1 Original Specialty Recommended RVU: **3.72**
Presented Recommended RVU: **3.72**
Global Period: 000 RUC Recommended RVU: **3.36**

CPT Descriptor: Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiologic supervision and interpretation and image documentation and report;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male with end stage renal disease is referred from his dialysis session due to a report of decreased clearance during dialysis.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies, are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed supine on the angiographic table. The skin over the extremity with the dialysis fistula is prepared and draped in sterile fashion and local anesthetic is adminstered subcutaneously.

Description of Intra-Service Work: A micropuncture needle is used to access the fistula using palpation. Once blood return is noted, a guidewire is introduced. The needle is exchanged for a vascular sheath over the guidewire. Contrast is injected through sheath to assess the vessels in the dialysis circuit as well as the anastomosis. A guidewire and catheter are manipulated through the dialysis circuit vessels under fluoroscopic guidance. Contrast is injected through the catheter to assess distal vessels in the dialysis circuit. The sheaths are removed and pressure is applied to the access site until hemostasis is achieved.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring and pain control. The procedure is documented in the permanent record. Fluoroscopic results and patient status are communicated to the patient's family. Permanent reports are created for the medical record and copies of the reports are sent to the patient's referring physician and dialysis facility.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Zeke Silva, MD, Kurt Schoppe, MD and Tim Pflederer, MD		
Specialty(s):	Radiology/Interventional Radiology, Nephrology and Vascular Surgery		
CPT Code:	369X1		
Sample Size:	4036	**Resp N:** 114	**Response:** 2.8 %
Description of Sample:	SVS 936 randomly selected US/MD members SIR 500 randomly selected US/MD members RPA 1850 randomly selected US/MD members ACR selected a random sample of 375 from US/MD membership and targeted sample of 375 US/MD members self-designating interventional radiology (approved by Research SC). No responses were received from the random sample.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	30.00	**50.00**	195.00	1275.00
Survey RVW:	2.50	3.72	**4.71**	5.50	22.00
Pre-Service Evaluation Time:			**28.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	20.00	**25.00**	35.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6B-NF Procedure with sedation

CPT Code:	369X1	**Recommended Physician Work RVU: 3.36**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**17.00**	**22.00**	**-5.00**
Pre-Service Positioning Time:		**4.00**	**1.00**	**3.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**0.00**	**5.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**15.00**	**28.00**	**-13.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36200	000	3.02	**RUC Time**

CPT Descriptor Introduction of catheter, aorta

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36251	000	5.35	**RUC Time**

CPT Descriptor Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,091

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	48,723

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 21.9 **%**

Number of respondents who choose 2nd Key Reference Code: 23 **% of respondents:** 20.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 369X1	**Top Key Reference CPT Code:** 36200	**2nd Key Reference CPT Code:** **36251**
Median Pre-Service Time	26.00	41.00	38.00
Median Intra-Service Time	25.00	30.00	45.00
Median Immediate Post-service Time	15.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**66.00**	**91.00**	**113.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.20	0.39
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.12	0.39
Urgency of medical decision making	0.00	0.17

Technical Skill/Physical Effort (Mean)

Technical skill required	-0.16	-0.13
Physical effort required	-0.12	0.17

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.48	-0.09
Outcome depends on the skill and judgment of physician	0.00	0.22
Estimated risk of malpractice suit with poor outcome	-0.20	-0.13

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	-0.20	0.35

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 36870 was identified by CMS as potentially misvalued on the high expenditure screen. It was sent to CPT to create a new bundled family to describe intervention and maintenance of hemodialysis access. The specialty societies (SVS, SIR, ACR, and RPA) presented the new family of codes at the October 2015 CPT meeting. The new family consists of nine new codes to describe a fistulogram (369X1), fistulogram with angioplasty (369X2), fistulogram with angioplasty and stent (369X3), thrombectomy (369X4), thrombectomy with angioplasty (369X5), and thrombectomy with angioplasty and stent (369X6). There are also three add on codes to describe central venous angioplasty done through the hemodialysis access (+369X7), central venous stent through the hemodialysis access (+369X8), and coil embolization of the hemodialysis access (+369X9).

Methodology

A multi-disciplinary expert panel including SVS, SIR, ACR, ASIN, and RPA was convened. A survey was distributed randomly to the members of the representative societies. There were 114 surveys completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation for 369X1

We are recommending the 25th percentile survey value of 3.72 RVW for 369X1 which is the existing value.

Pre- and Post-Service Time Packages

The new CPT code 369X1 will replace the existing 36147 code for fistula access and imaging of the fistula and outflow. Medicare utilization data from 2014 shows that this procedure is performed in the physician

office 60.09% of the time. We therefore recommend pre-service time package 6b (procedure with sedation) and post-service time package 8b (IV sedation/complex procedure) for 369X1 with the following adjustments:

1. Evaluation: We recommend removing 5 minutes of evaluation time for "Administer moderate sedation/observe (wait) anesthesia care". This new family of dialysis codes will use the new moderate sedation codes to report moderate sedation services.

2. Positioning: We recommend an additional 3 minutes of positioning time as the procedure is performed on the extremity, typically the arm, with fluoroscopy. The arm needs to be appropriately placed and padded to allow imaging of the entire arm, access, and central venous drainage. All non-radiopaque materials need to be clear of the area of interest.

3. Scrub, dress, and wait: An additional 5 minutes has been added to pre-service scrub, dress, and wait time. Although the package includes time for *administer local/topical anesthesia,* there are no minutes for *dress and scrub for procedure*. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff. As such, the societies recommend adding 5 minutes to mirror the time allotted for *dress and scrub for procedure* in the facility packages.

Comparison with Key Reference Services

The most common key reference codes chosen by the survey respondents were 36200 *Introduction of catheter, aorta* (22%) and 36251 *Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral* (20%). These key references are similar to 369X1 in the sense that they are all endovascular procedure codes. 36200 involves placing a catheter into the aorta for the purpose of imaging but it does not involve performing images or the supervision and interpretation of the images as is included in 369X1. Therefore 369X1 is appropriately valued higher than 36200. Similarly, 36251 involves catheterization and imaging of a single kidney including the supervision and interpretation of the angiographic images acquired. This code is appropriately valued higher than 369X1 given the additional work of catheterization of the renal artery.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
36200 Key Ref	3.02	0.058	91	33	3	5	30	20
369X1 Survey	3.72	0.115	66	17	4	5	25	15
36251 Key Ref	5.35	0.087	113	30	3	5	45	30
36147 Existing	3.72	0.065	80	20			45	15

This comparison thus favorably supports our recommendation for the 25th percentile survey value of 3.72 RVW for CPT 369X1.

Comparison to MPC codes

New code 369X1 ranks appropriately between two MPC codes with similar intra-service times and intensities: 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands,* and 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed.* 369X1 is appropriately valued between these two MPC codes

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
52214 MPC	3.50	0.083	79	19	5	5	30	20
369X1 Survey	3.72	0.115	66	17	4	5	25	15
37191 MPC	4.71	0.119	83	30	3	5	30	15

Additional Rationale

Comparison of 369X1 to the family of Hemodialysis Access Interventions

CPT code 369X1 is the base code for the entire family of hemodialysis access interventions. All of the subsequent codes involve performance of a fistulogram. The table below highlights the current code in relation to the family.

CPT	Description	RVW	IWPUT	total	pre	intra	post
369X1	**Fistulogram**	**3.72**	**0.115**	**66**	**26**	**25**	**15**
369X2	Fistulogram with angioplasty	6.00	0.126	86	26	40	20
369X3	Fistulogram with angioplasty and stent	8.00	0.141	96	26	50	20
369X4	Thrombectomy	7.50	0.107	111	31	60	20
369X5	Thrombectomy with angioplasty	9.00	0.106	126	31	75	20
369X6	Thrombectomy with angioplasty and stent	10.42	0.104	141	31	90	20
+369X7	Central venous angioplasty through hemodialysis access	3.73	0.149	25		25	
+369X8	Central venous stent through hemodialysis access	4.25	0.106	40		40	
+369X9	Embolization of hemodialysis access	4.25	0.142	30		30	

Conclusion

A multi-disciplinary survey of CPT 369X1 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, two MPC codes, and across the new family of hemodialysis access interventions, we believe that the 25th percentile survey RVW of 3.72 appropriately ranks CPT 369X1 relative to other services.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36147

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology/Interventional Radiology How often? Commonly

Specialty Nephrology How often? Commonly

Specialty Vascular Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
54,370 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. see attached

Specialty Radiology/Interventional Radiology Frequency 20117 Percentage 37.00 %

Specialty Nephrology Frequency 15224 Percentage 28.00 %

Specialty Vascular Surgery Frequency 10875 Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 35476

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:369X2 Tracking Number R2 Original Specialty Recommended RVU: **6.00**
Presented Recommended RVU: **6.00**
Global Period: 000 RUC Recommended RVU: **4.83**

CPT Descriptor: Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiologic supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male with end stage renal disease presents with a malfunctioning hemodialysis fistula.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies, are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed supine on the angiographic table. The skin over the extremity with the dialysis fistula is prepared and draped in sterile fashion and local anesthetic is administered subcutaneously.

Description of Intra-Service Work: A micropuncture needle is used to access the fistula using palpation. Once blood return is noted, a guidewire is introduced. The needle is exchanged for a vascular sheath over the guidewire. Contrast is injected through sheath to assess the vessels in the dialysis circuit as well as the anastomosis. A guidewire and catheter are manipulated through the dialysis circuit vessels under fluoroscopic guidance. Contrast is injected through the catheter to assess distal vessels in the dialysis circuit. A bolus of systemic intravenous heparin is given. A guidewire is used to gently traverse a dialysis circuit stenosis. An appropriately sized balloon catheter is advanced over the guidewire into the stenotic vascular segment. The balloon is inflated to an appropriate pressure and then deflated. Contrast is injected through a catheter placed proximal to the treated segment to assess treatment response. The catheters and wires are removed. A purse string suture is applied around the vascular sheaths and the suture is tied once each sheath is removed. .

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring and pain control. The procedure is documented in the permanent record. Fluoroscopic results

and patient status are communicated to the patient's family. Permanent reports are created for the medical record and copies of the reports are sent to the patient's referring physician and dialysis facility.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Zeke Silva, MD, Kurt Schoppe, MD and Tim Pflederer, MD		
Specialty(s):	Radiology/Interventional Radiology, Nephrology and Vascular Surgery		
CPT Code:	369X2		
Sample Size:	4036	**Resp N:** 114	**Response:** 2.8 %
Description of Sample:	SVS 936 randomly selected US/MD members SIR 500 randomly selected US/MD members RPA 1850 randomly selected US/MD members ACR selected a random sample of 375 from US/MD membership and targeted sample of 375 US/MD members self-designating interventional radiology (approved by Research SC). No responses were received from the random sample.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	40.00	**100.00**	400.00	1250.00
Survey RVW:	4.50	6.00	**8.00**	9.00	27.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	10.00	30.00	**40.00**	45.00	90.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6B-NF Procedure with sedation

CPT Code:	369X2	**Recommended Physician Work RVU: 4.83**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**17.00**	**22.00**	**-5.00**
Pre-Service Positioning Time:		**4.00**	**1.00**	**3.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**0.00**	**5.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**20.00**	**28.00**	**-8.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37220	000	8.15	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37224	000	9.00	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,688

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	21,631

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 32 **% of respondents:** 28.0 **%**

Number of respondents who choose 2nd Key Reference Code: 27 **% of respondents:** 23.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 369X2	**Top Key Reference CPT Code:** 37220	**2nd Key Reference CPT Code:** **37224**
Median Pre-Service Time	26.00	48.00	48.00
Median Intra-Service Time	40.00	60.00	80.00
Median Immediate Post-service Time	20.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**86.00**	**138.00**	**158.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.09	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.00	-0.07
Urgency of medical decision making	0.09	-0.15

Technical Skill/Physical Effort (Mean)

Technical skill required	-0.03	0.00
Physical effort required	-0.09	-0.04

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.31	-0.22
Outcome depends on the skill and judgment of physician	-0.03	0.07
Estimated risk of malpractice suit with poor outcome	-0.34	-0.19

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.03	0.04

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 36870 was identified by CMS as potentially misvalued on the high expenditure screen. It was sent to CPT to create a new bundled family to describe intervention and maintenance of hemodialysis access. The specialty societies (SVS, SIR, ACR, and RPA) presented the new family of codes at the October 2015 CPT meeting. The new family consists of nine new codes to describe a fistulogram (369X1), fistulogram with angioplasty (369X2), fistulogram with angioplasty and stent (369X3), thrombectomy (369X4), thrombectomy with angioplasty (369X5), and thrombectomy with angioplasty and stent (369X6). There are also three add on codes to describe central venous angioplasty done through the hemodialysis access (+369X7), central venous stent through the hemodialysis access (+369X8), and coil embolization of the hemodialysis access (+369X9).

Methodology

A multi-disciplinary expert panel including SVS, SIR, ACR, ASIN, and RPA was convened. A survey was distributed randomly to the members of the representative societies. There were 114 surveys completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation for 369X2

We are recommending the 25th percentile survey value of 6.00 RVW for 369X2.

Pre- and Post-Service Time Packages

The new CPT code 369X2 will replace the existing codes 35475, 35476, 75962, 75964, 75978 when used for angioplasty of a hemodialysis access. There are also new codes to replace 35475, 35476, 75962, 75964, 75978 when used to treat arterial and venous disease other than within the hemodialysis access, the lower extremities, the carotid arteries, or the coronary arteries. Medicare utilization data from 2014 shows that 35475 and 35476 were performed in the physician office 64.26% and 62.17% of the time. We therefore recommend pre-service time package 6b (procedure with sedation) and post-service time package 8b (IV sedation/complex procedure) for 369X2 with the following adjustments:

1. Evaluation: We recommend removing 5 minutes of evaluation time for "Administer moderate sedation/observe (wait) anesthesia care". This new family of dialysis codes will use the new moderate sedation codes to report moderate sedation services.

2. Positioning: We recommend an additional 3 minutes of positioning time as the procedure is performed on the extremity, usually the arm, with fluoroscopy. The arm needs to be appropriately placed and padded to allow imaging of the entire arm, access, and central venous drainage. All non-radiopaque materials need to be clear of the area of interest.

3. Scrub, dress, and wait: An additional 5 minutes has been added to pre-service scrub, dress, and wait time. Although the package includes time for *administer local/topical anesthesia*, there are no minutes for *dress and scrub for procedure*. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff. As such, the societies recommend adding 5 minutes to mirror the time allotted for *dress and scrub for procedure* in the facility packages.

Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were 37220 *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty* (28%) and 37224 *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty* (24%). These key references are similar to 369X2 in the sense that they are all endovascular procedure codes involving angioplasty. CPT code 37220 involves angioplasty of an iliac artery and 37224 involves angioplasty of a femoral and/or popliteal artery. They both require significantly more time than 369X2 accounting for the differences in RVU. The lower portion of the table outlines the typical coding scenario under the current component coding scheme.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
37220 Key Ref	8.15	0.108	138	40	3	5	60	30
369X2 Survey	6.00	0.126	86	22	4	5	40	20
37224 Key Ref	9.00	0.092	158	40	3	5	80	30
35476 Existing	5.10	0.118	81	17	4	5	35	20
36147 Existing	3.72	0.065	80	20			45	15
75978 Existing	0.54	NA	12				NA	

Total Existing	7.50							

This comparison thus favorably supports our recommendation for the 25th percentile survey value of 6.00 RVW for CPT 369X2. ***This will represent a 20% reduction over current coding***.

Comparison to MPC codes

New code 369X2 ranks appropriately between two MPC codes with similar intra-service times and intensities: 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* and 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)*

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
52235 MPC	5.44	0.098	94	19	5	5	45	20
369X2 Survey	6.00	0.126	86	22	4	5	40	20
52352 MPC	6.75	0.118	118	33	5	15	45	20

Additional Rationale

Comparison of 369X2 to the family of Hemodialysis Access Interventions

CPT code 369X2 involves the work of the base code (369X1) with the addition of angioplasty. The 25th percentile provides appropriate relativity within the family. The table below highlights the current code in relation to the family.

CPT	Description	RVW	IWPUT	total	pre	intra	post
369X1	Fistulogram	3.72	0.115	66	26	25	15
369X2	**Fistulogram with angioplasty**	**6.00**	**0.126**	**86**	**26**	**40**	**20**
369X3	Fistulogram with angioplasty and stent	8.00	0.141	96	26	50	20
369X4	Thrombectomy	7.50	0.107	111	31	60	20
369X5	Thrombectomy with angioplasty	9.00	0.106	126	31	75	20
369X6	Thrombectomy with angioplasty and stent	10.42	0.104	141	31	90	20
+369X7	Central venous angioplasty through hemodialysis access	3.73	0.149	25		25	
+369X8	Central venous stent through hemodialysis access	4.25	0.106	40		40	
+369X9	Embolization of hemodialysis access	4.25	0.142	30		30	

Conclusion

A multi-disciplinary survey of CPT 369X2 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, two MPC codes, and across the new family of hemodialysis access interventions, we believe that the 25th percentile survey RVW of 6.00 appropriately ranks CPT 369X2 relative to other services.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36147, 35476 and 75978

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology/Interventional Radiology How often? Commonly

Specialty Nephrology How often? Commonly

Specialty Vascular Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 215,908 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. see attached

Specialty Radiology/Interventional Radiology Frequency 79886 Percentage 37.00 %

Specialty Nephrology Frequency 60455 Percentage 28.00 %

Specialty Vascular Surgery Frequency 43183 Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 35476

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:369X3 Tracking Number R3 Original Specialty Recommended RVU: **8.00**
Presented Recommended RVU: **8.00**
Global Period: 000 RUC Recommended RVU: **6.39**

CPT Descriptor: Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiologic supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s) peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male with end stage renal disease with a history of multiple percutaneous angioplasties of the same vascular segment in a dialysis circuit, presents after an unsuccessful dialysis session due to increased pressures.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies, are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed supine on the angiographic table. The skin over the extremity with the dialysis fistula is prepared and draped in sterile fashion and local anesthetic is administered subcutaneously.

Description of Intra-Service Work: A micropuncture needle is used to access the fistula using palpation close to the vascular anastomosis and directed towards the central veins. Once blood return is noted, a guidewire is introduced. The needle is exchanged for a vascular sheath over the guidewire. Contrast is injected through sheath to assess the vessels in the dialysis circuit as well as the anastomosis. A guidewire and catheter are manipulated through the dialysis circuit vessels under fluoroscopic guidance. Contrast is injected through the catheter to assess distal vessels in the dialysis circuit. A bolus of systemic intravenous heparin is administered. A guidewire is used to traverse a dialysis circuit stenosis. A balloon catheter is advanced over the guidewire into the stenotic vascular segment. The balloon is inflated and then deflated. Contrast is injected through a catheter placed proximal to the treated segment to assess treatment response. An appropriately sized stent is advanced over the guidewire into the stenotic vascular segment. The stent is deployed and the stent catheter is removed. An appropriately sized balloon catheter is advanced over the guidewire and used to appose the stent to the vessel wall. The balloon is inflated to an appropriate pressure then deflated. Contrast is injected through a

catheter placed proximal to the treated segment to assess treatment response. The catheters and wires are removed. A purse string suture is applied around the vascular sheaths and the suture is tied once each sheath is removed.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring and pain control. The procedure is documented in the permanent record. Fluoroscopic results and patient status are communicated to the patient's family. Permanent reports are created for the medical record and copies of the reports are sent to the patient's referring physician and dialysis facility.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Zeke Silva, MD, Kurt Schoppe, MD and Tim Pflederer, MD		
Specialty(s):	Radiology/Interventional Radiology, Nephrology and Vascular Surgery		
CPT Code:	369X3		
Sample Size:	4036	**Resp N:** 114	**Response:** 2.8 %
Description of Sample:	SVS 936 randomly selected US/MD members SIR 500 randomly selected US/MD members RPA 1850 randomly selected US/MD members ACR selected a random sample of 375 from US/MD membership and targeted sample of 375 US/MD members self-designating interventional radiology (approved by Research SC). No responses were received from the random sample.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**23.00**	45.00	1074.00
Survey RVW:	4.50	8.00	**10.00**	10.49	29.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	15.00	40.00	**50.00**	60.00	120.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6B-NF Procedure with sedation

CPT Code:	369X3	**Recommended Physician Work RVU: 6.39**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**17.00**	**22.00**	**-5.00**
Pre-Service Positioning Time:		**4.00**	**1.00**	**3.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**0.00**	**5.00**
Intra-Service Time:		**50.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**20.00**	**28.00**	**-8.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37221	000	10.00	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37226	000	10.49	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52353	000	7.50	**RUC Time**	16,401

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 33 **% of respondents:** 28.9 **%**

Number of respondents who choose 2nd Key Reference Code: 29 **% of respondents:** 25.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 369X3	**Top Key Reference CPT Code:** 37221	**2nd Key Reference CPT Code:** **37226**
Median Pre-Service Time	26.00	48.00	48.00
Median Intra-Service Time	50.00	90.00	90.00
Median Immediate Post-service Time	20.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**96.00**	**168.00**	**168.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.15	0.31
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.06	0.00
Urgency of medical decision making	0.18	0.17
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.09	0.24

Physical effort required	0.09	0.07

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.18	0.07
Outcome depends on the skill and judgment of physician	0.18	0.28
Estimated risk of malpractice suit with poor outcome	-0.12	-0.03

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**

Time Segment (Mean)

Overall intensity/complexity	0.27	0.17

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 36870 was identified by CMS as potentially misvalued on the high expenditure screen. It was sent to CPT to create a new bundled family to describe intervention and maintenance of hemodialysis access. The specialty societies (SVS, SIR, ACR, and RPA) presented the new family of codes at the October 2015 CPT meeting. The new family consists of nine new codes to describe a fistulogram (369X1), fistulogram with angioplasty (369X2), fistulogram with angioplasty and stent (369X3), thrombectomy (369X4), thrombectomy with angioplasty (369X5), and thrombectomy with angioplasty and stent (369X6). There are also three add on codes to describe central venous angioplasty done through the hemodialysis access (+369X7), central venous stent through the hemodialysis access (+369X8), and coil embolization of the hemodialysis access (+369X9).

Methodology

A multi-disciplinary expert panel including SVS, SIR, ACR, ASIN, and RPA was convened. A survey was distributed randomly to the members of the representative societies. There were 114 surveys completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation for 369X3

We are recommending the 25th percentile survey value of 8.00 RVW for 369X3.

Pre- and Post-Service Time Packages

The work of new CPT code 369X3 is currently captured with codes 36147 and 37238. Medicare utilization data from 2014 shows that 36147 and 37238 were performed in the physician office 60.09% and 51.42% of the

time, respectively. We therefore recommend pre-service time package 6b (procedure with sedation) and post-service time package 8b (IV sedation/complex procedure) for 369X3 with the following adjustments:

1. Evaluation: We recommend removing 5 minutes of evaluation time for "Administer moderate sedation/observe (wait) anesthesia care". This new family of dialysis codes will use the new moderate sedation codes to report moderate sedation services.

2. Positioning: We recommend an additional 3 minutes of positioning time as the procedure is performed on the extremity, usually the arm, with fluoroscopy. The arm needs to be appropriately placed and padded to allow imaging of the entire arm, access, and central venous drainage. All non-radiopaque materials need to be clear of the area of interest.

3. Scrub, dress, and wait: An additional 5 minutes has been added to pre-service scrub, dress, and wait time. Although the package includes time for *administer local/topical anesthesia*, there are no minutes for *dress and scrub for procedure*. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff. As such, the societies recommend adding 5 minutes to mirror the time allotted for *dress and scrub for procedure* in the facility packages.

Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were 37221 *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed* (29%) and 37226 *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed* (25%). These key references are similar to 369X3 in the sense that they are all endovascular procedure codes involving angioplasty and stenting. CPT code 37221 involves stenting of an iliac artery and 37226 involves stenting of a femoral and/or popliteal artery. They both require significantly more time than 369X3 accounting for the differences in RVU. The lower portion of the table outlines the typical coding scenario under the current component coding scheme.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
37221 Key Ref	10.00	0.092	168	40	3	5	90	30
369X3 Survey	8.00	0.141	96	22	4	5	50	20
37226 Key Ref	10.49	0.098	168	40	3	5	90	30
37238 Existing	6.29	0.080	131	33	3	5	60	30
36147 Existing	3.72	0.065	80	20			45	15
Total Existing	8.15							

This comparison thus favorably supports our recommendation for the 25th percentile survey value of 8.00 RVW for CPT 369X3. ***This will represent a 2% reduction over current coding***.

Comparison to MPC codes

The highest value 000 day global MPC code is 52353 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)* with 7.50 wRVUs. New code 369X3 compares appropriately with this code.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
52353 MPC	7.50	0.101	133	33	5	15	60	20
369X3 Survey	8.00	0.141	96	22	4	5	50	20

Additional Rationale

Comparison of 369X3 to the family of Hemodialysis Access Interventions

CPT code 369X3 involves the work of 369X2 with the addition of a stent. The 25th percentile provides appropriate relativity within the family. The table below highlights the current code in relation to the family.

CPT	Description	RVW	IWPUT	total	pre	intra	post
369X1	Fistulogram	3.72	0.115	66	26	25	15
369X2	Fistulogram with angioplasty	6.00	0.126	86	26	40	20
369X3	**Fistulogram with angioplasty and stent**	**8.00**	**0.141**	**96**	**26**	**50**	**20**
369X4	Thrombectomy	7.50	0.107	111	31	60	20
369X5	Thrombectomy with angioplasty	9.00	0.106	126	31	75	20
369X6	Thrombectomy with angioplasty and stent	10.42	0.104	141	31	90	20
+369X7	Central venous angioplasty through hemodialysis access	3.73	0.149	25		25	
+369X8	Central venous stent through hemodialysis access	4.25	0.106	40		40	
+369X9	Embolization of hemodialysis access	4.25	0.142	30		30	

Conclusion

A multi-disciplinary survey of CPT 369X3 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, two MPC codes, and across the new family of hemodialysis access interventions, we believe that the 25th percentile survey RVW of 8.00 appropriately ranks CPT 369X3 relative to other services.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36147 and 37238

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology/Interventional Radiology How often? Commonly

Specialty Nephrology How often? Commonly

Specialty Vascular Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
12,090 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. see attached

Specialty Radiology/Interventional Radiology Frequency 4475 Percentage 37.01 %

Specialty Nephrology Frequency 3386 Percentage 28.00 %

Specialty Vascular Surgery Frequency 2419 Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 35476

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:369X4 Tracking Number R4 Original Specialty Recommended RVU: **7.50**
Presented Recommended RVU: **7.50**
Global Period: 000 RUC Recommended RVU: **7.50**

CPT Descriptor: Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male with end stage renal disease with hypotension after a dialysis session notices a loss of thrill in his fistula. A pre-procedure ultrasound demonstrates a thrombosed fistula.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies, are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed supine on the angiographic table. The skin over the extremity with the dialysis fistula is prepared and draped in sterile fashion and local anesthetic is administered subcutaneously.

Description of Intra-Service Work: A micropuncture needle is used to access the fistula close to the vascular anastomosis and directed towards the central veins. Once blood return is noted, a guidewire is introduced. The needle is exchanged for a vascular sheath over the guidewire. The micropuncture needle is used to access the fistula close to the central veins directed towards the vascular anastomosis. Once blood return is noted, a guidewire is introduced. The needle is exchanged for a vascular sheath over the guidewire. Contrast is injected through both sheaths to assess the vessels in the dialysis circuit as well as the anastomosis. A guidewire and catheter are manipulated through the dialysis circuit vessels under fluoroscopic guidance. Contrast is injected through the catheter to assess distal vessels in the dialysis circuit. A guidewire is directed into the central veins under fluoroscopic guidance. Tissue plasminogen activator is injected through an infusion catheter through the length of clotted vessels in the dialysis fistula and allowed to dwell. The infusion catheter is exchanged for a mechanical thrombectomy device over a guidewire. The mechanical thrombectomy device is used to mechanically dissociate clot within the dialysis circuit vessels. The thrombectomy device is exchanged for a suction catheter over a guidewire and the lysed clot is aspirated. Contrast is injected through a catheter placed proximal to the treated segment to assess treatment response. A guidewire is used to cross the vascular anastomosis and an occlusion balloon catheter is advanced past the anastomosis. The balloon is inflated and pulled through the anastomosis to remove

thrombus within the anastomosis. The catheters and wires are removed. A purse string suture is applied around the vascular sheath and the suture is tied once each sheath is removed.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring and pain control. The procedure is documented in the permanent record. Fluoroscopic results and patient status are communicated to the patient's family. Permanent reports are created for the medical record and copies of the reports are sent to the patient's referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Zeke Silva, MD, Kurt Schoppe, MD and Tim Pflederer, MD		
Specialty(s):	Radiology/Interventional Radiology, Nephrology and Vascular Surgery		
CPT Code:	369X4		
Sample Size:	4036	**Resp N:** 114	**Response:** 2.8 %
Description of Sample:	SVS 936 randomly selected US/MD members SIR 500 randomly selected US/MD members RPA 1850 randomly selected US/MD members ACR selected a random sample of 375 from US/MD membership and targeted sample of 375 US/MD members self-designating interventional radiology (approved by Research SC). No responses were received from the random sample.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**15.00**	30.00	569.00
Survey RVW:	4.00	7.50	**9.53**	11.38	33.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	10.00	45.00	**60.00**	80.00	150.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6B-NF Procedure with sedation

CPT Code:	369X4	**Recommended Physician Work RVU: 7.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**22.00**	**22.00**	**0.00**
Pre-Service Positioning Time:		**4.00**	**1.00**	**3.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**0.00**	**5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**20.00**	**28.00**	**-8.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37193	000	7.35	**RUC Time**

CPT Descriptor Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37225	000	12.00	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52353	000	7.50	**RUC Time**	16,401

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 14.0 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 14.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 369X4	**Top Key Reference CPT Code:** 37193	**2nd Key Reference CPT Code:** **37225**
Median Pre-Service Time	31.00	41.00	48.00
Median Intra-Service Time	60.00	45.00	118.00
Median Immediate Post-service Time	20.00	15.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**111.00**	**101.00**	**196.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.06	0.69
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.00	0.38
Urgency of medical decision making	0.44	0.69

Technical Skill/Physical Effort (Mean)

Technical skill required	0.25	0.75
Physical effort required	0.25	0.88

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.13	0.88
Outcome depends on the skill and judgment of physician	0.19	0.69
Estimated risk of malpractice suit with poor outcome	-0.31	0.81

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.13	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 36870 was identified by CMS as potentially misvalued on the high expenditure screen. It was sent to CPT to create a new bundled family to describe intervention and maintenance of hemodialysis access. The specialty societies (SVS, SIR, ACR, and RPA) presented the new family of codes at the October 2015 CPT meeting. The new family consists of nine new codes to describe a fistulogram (369X1), fistulogram with angioplasty (369X2), fistulogram with angioplasty and stent (369X3), thrombectomy (369X4), thrombectomy with angioplasty (369X5), and thrombectomy with angioplasty and stent (369X6). There are also three add on codes to describe central venous angioplasty done through the hemodialysis access (+369X7), central venous stent through the hemodialysis access (+369X8), and coil embolization of the hemodialysis access (+369X9).

Methodology

A multi-disciplinary expert panel including SVS, SIR, ACR, ASIN, and RPA was convened. A survey was distributed randomly to the members of the representative societies. There were 114 surveys completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation for 369X4

We are recommending the 25th percentile survey value of 7.50 RVW for 369X4.

Pre- and Post-Service Time Packages

The new CPT code 369X4 will replace the existing code 36870. It will also bundle in the work of 36147 and 36148. Medicare utilization data from 2014 shows that 36870 was performed in the physician office 54.74% of the time. We therefore recommend pre-service time package 6b (procedure with sedation) and post-service time package 8b (IV sedation/complex procedure) for 369X4 with the following adjustments:

1. Evaluation: We recommend removing 5 minutes of evaluation time for "Administer moderate sedation/observe (wait) anesthesia care". This new family of dialysis codes will use the new moderate sedation codes to report moderate sedation services. We also recommend an additional 5 minutes of evaluation time to assess these complicated patients who have missed dialysis treatments, have thrombosed access, have fluid gain and atypical serum K levels. The treating physician must determine the urgency and stability of the patient.

2. Positioning: We recommend an additional 3 minutes of positioning time as the procedure is performed on the extremity, usually the arm, with fluoroscopy. The arm needs to be appropriately placed and padded to allow imaging of the entire arm, access, and central venous drainage. All non-radiopaque materials need to be clear of the area of interest.

3. Scrub, dress, and wait: An additional 5 minutes has been added to pre-service scrub, dress, and wait time. Although the package includes time for *administer local/topical anesthesia*, there are no minutes for *dress and scrub for procedure*. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff. As such, the societies recommend adding 5 minutes to mirror the time allotted for *dress and scrub for procedure* in the facility packages.

Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were 37193 *Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (14%) and 37225 *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed* (14%). These key references are similar to 369X4 in the sense that they are all endovascular procedure codes. CPT code 37193 involves catheterization of the vena cava and removal of a filter. This requires less time but at a higher intensity resulting in similar RVW. CPT 37225 described the work of catheterization, atherectomy and angioplasty of a femoral and/or popliteal artery. This procedure requires significantly more time than 369X4 accounting for the differences in RVW. The lower portion of the table outlines the typical coding scenario under the current component coding scheme.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
37193 Key Ref	7.35	0.137	101	33	3	5	45	15
369X4 Survey	7.50	0.107	111	27	4	5	60	20
37225 Key Ref	12.00	0.087	196	40	3	5	118	30
36870 Existing	5.20	0.055	130	20			60	15

36147 Existing	3.72	0.065	80	20			45	15
36148 Existing	1.00	0.067	15				15	
Total Existing	8.06							

This comparison thus favorably supports our recommendation for the 25th percentile survey value of 7.50 RVW for CPT 369X4. ***This will represent a 7.5% reduction over current coding***.

Comparison to MPC codes

The highest value 000 day global MPC code is 52353 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)* with 7.50 wRVUs. New code 369X4 compares appropriately with this code.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
52353 MPC	7.50	0.101	133	33	5	15	60	20
369X4 Survey	7.50	0.107	111	27	4	5	60	20

Additional Rationale

Comparison of 369X4 to the family of Hemodialysis Access Interventions

CPT code 369X4 is the base code for the thrombectomy of a clotted hemodialysis access. It replaces the existing CPT code 36870 and bundles in the work of the fistulogram base code (369X1) as well as a secondary access (36148). The 25th percentile provides appropriate relativity within the family. The table below highlights the current code in relation to the family.

CPT	Description	RVW	IWPUT	total	pre	intra	post
369X1	Fistulogram	3.72	0.115	66	26	25	15
369X2	Fistulogram with angioplasty	6.00	0.126	86	26	40	20
369X3	Fistulogram with angioplasty and stent	8.00	0.141	96	26	50	20
369X4	**Thrombectomy**	**7.50**	**0.107**	**111**	**31**	**60**	**20**
369X5	Thrombectomy with angioplasty	9.00	0.106	126	31	75	20
369X6	Thrombectomy with angioplasty and stent	10.42	0.104	141	31	90	20
+369X7	Central venous angioplasty through hemodialysis access	3.73	0.149	25		25	
+369X8	Central venous stent through hemodialysis access	4.25	0.106	40		40	
+369X9	Embolization of hemodialysis access	4.25	0.142	30		30	

Conclusion

A multi-disciplinary survey of CPT 369X4 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, an MPC code, and across the new family of hemodialysis access interventions, we believe that the 25th percentile survey RVW of 7.50 appropriately ranks CPT 369X4 relative to other services.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36147, 36148 and 36870

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology/Interventional Radiology How often? Commonly

Specialty Nephrology How often? Commonly

Specialty Vascular Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
17,625 If this is a recommendation from multiple specialties please estimate frequency <u>and percentage</u> for each specialty. Please explain the rationale for this estimate. see attached

Specialty Radiology/Interventional Radiology Frequency 6522 Percentage 37.00 %

Specialty Nephrology Frequency 4936 Percentage 28.00 %

Specialty Vascular Surgery Frequency 3526 Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 35476

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:369X5 Tracking Number R5 Original Specialty Recommended RVU: **9.00**
Presented Recommended RVU: **9.00**
Global Period: 000 RUC Recommended RVU: **9.00**

CPT Descriptor: Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male with end stage renal disease presents with a loss of pulses and thrill in his fistula. A pre-procedure ultrasound demonstrates a thrombosed fistula.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies, are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed supine on the angiographic table. The skin over the extremity with the dialysis fistula is prepared and draped in sterile fashion and local anesthetic is administered subcutaneously.

Description of Intra-Service Work: A micropuncture needle is used to access the fistula close to the vascular anastomosis and directed towards the central veins. Once blood return is noted, a guidewire is introduced. The needle is exchanged for a vascular sheath over the guidewire. The micropuncture needle is used to access the fistula close to the central veins directed towards the vascular anastomosis. Once blood return is noted, a guidewire is introduced. The needle is exchanged for a vascular sheath over the guidewire. Contrast is injected through both sheaths to assess the vessels in the dialysis circuit as well as the anastomosis. A guidewire and catheter are manipulated through the dialysis circuit vessels under fluoroscopic guidance. Contrast is injected through the catheter to assess distal vessels in the dialysis circuit. A guidewire is directed into the central veins under fluoroscopic guidance. Tissue plasminogen activator is injected through an infusion catheter through the length of clotted vessels in the dialysis fistula and allowed to dwell. The infusion catheter is exchanged for a mechanical thrombectomy device over a guidewire. The mechanical thrombectomy device is used to mechanically dissociate clot within the dialysis circuit vessels. The thrombectomy device is exchanged for a suction catheter over a guidewire and the lysed clot is aspirated. Contrast injected through a catheter placed proximal to the treated segment to assess treatment response reveals a venous stenosis. A bolus of systemic intravenous heparin is administered.

A guidewire is used to gently traverse a dialysis circuit stenosis. An appropriately sized balloon catheter is advanced over the guidewire into the stenotic vascular segment. The balloon is inflated to an appropriate pressure for 3 minutes and then deflated. Contrast is injected through a catheter placed proximal to the treated segment to assess treatment response. A guidewire is used to cross the vascular anastomosis and an occlusion balloon catheter is advanced past the anastomosis. The balloon is inflated and pulled through the anastomosis to remove thrombus within the anastomosis. The catheters and wires are removed. A purse string suture is applied around the vascular sheath and the suture is tied once the sheath is removed.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring and pain control. The procedure is documented in the permanent record. Fluoroscopic results and patient status are communicated to the patient's family. Permanent reports are created for the medical record and copies of the reports are sent to the patient's referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Zeke Silva, MD, Kurt Schoppe, MD and Tim Pflederer, MD		
Specialty(s):	Radiology/Interventional Radiology, Nephrology and Vascular Surgery		
CPT Code:	369X5		
Sample Size:	4036	**Resp N:** 114	**Response:** 2.8 %
Description of Sample:	SVS 936 randomly selected US/MD members SIR 500 randomly selected US/MD members RPA 1850 randomly selected US/MD members ACR selected a random sample of 375 from US/MD membership and targeted sample of 375 US/MD members self-designating interventional radiology (approved by Research SC). No responses were received from the random sample.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**30.00**	100.00	569.00
Survey RVW:	4.75	9.00	**11.00**	12.50	33.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	20.00	55.00	**75.00**	90.00	180.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6B-NF Procedure with sedation

CPT Code:	369X5	**Recommended Physician Work RVU: 9.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**22.00**	**22.00**	**0.00**
Pre-Service Positioning Time:		**4.00**	**1.00**	**3.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**0.00**	**5.00**
Intra-Service Time:		**75.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**20.00**	**28.00**	**-8.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37225	000	12.00	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37230	000	13.80	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52353	000	7.50	**RUC Time**	16,401

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 32 **% of respondents:** 28.0 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 14.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 369X5	**Top Key Reference CPT Code:** 37225	**2nd Key Reference CPT Code:** **37230**
Median Pre-Service Time	31.00	48.00	48.00
Median Intra-Service Time	75.00	118.00	120.00
Median Immediate Post-service Time	20.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**126.00**	**196.00**	**198.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.34	0.88
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.41	0.94
Urgency of medical decision making	0.72	0.88
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.47	1.50

Physical effort required	0.63	1.25

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.47	1.25
Outcome depends on the skill and judgment of physician	0.59	1.06
Estimated risk of malpractice suit with poor outcome	0.28	1.13

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.63	1.38

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 36870 was identified by CMS as potentially misvalued on the high expenditure screen. It was sent to CPT to create a new bundled family to describe intervention and maintenance of hemodialysis access. The specialty societies (SVS, SIR, ACR, and RPA) presented the new family of codes at the October 2015 CPT meeting. The new family consists of nine new codes to describe a fistulogram (369X1), fistulogram with angioplasty (369X2), fistulogram with angioplasty and stent (369X3), thrombectomy (369X4), thrombectomy with angioplasty (369X5), and thrombectomy with angioplasty and stent (369X6). There are also three add on codes to describe central venous angioplasty done through the hemodialysis access (+369X7), central venous stent through the hemodialysis access (+369X8), and coil embolization of the hemodialysis access (+369X9).

Methodology

A multi-disciplinary expert panel including SVS, SIR, ACR, ASIN, and RPA was convened. A survey was distributed randomly to the members of the representative societies. There were 114 surveys completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation for 369X5

We are recommending the 25th percentile survey value of 9.00 RVW for 369X5.

Pre- and Post-Service Time Packages

The new CPT code 369X5 will replace the existing code 36870 and bundle in the work of angioplasty (35475, 35476, 75962, 75964, 75978). It will also bundle in the work of 36147 and 36148. Medicare utilization data

from 2014 shows that 36870 was performed in the physician office 54.74% of the time. We therefore recommend pre-service time package 6b (procedure with sedation) and post-service time package 8b (IV sedation/complex procedure) for 369X5 with the following adjustments:

1. Evaluation: We recommend removing 5 minutes of evaluation time for "Administer moderate sedation/observe (wait) anesthesia care". This new family of dialysis codes will use the new moderate sedation codes to report moderate sedation services. We also recommend an additional 5 minutes of evaluation time to assess these complicated patients who have missed dialysis treatments, have thrombosed access, have fluid gain and atypical serum K levels. The treating physician must determine the urgency and stability of the patient.

2. Positioning: We recommend an additional 3 minutes of positioning time as the procedure is performed on the extremity, usually the arm, with fluoroscopy. The arm needs to be appropriately placed and padded to allow imaging of the entire arm, access, and central venous drainage. All non-radiopaque materials need to be clear of the area of interest.

3. Scrub, dress, and wait: An additional 5 minutes has been added to pre-service scrub, dress, and wait time. Although the package includes time for *administer local/topical anesthesia*, there are no minutes for *dress and scrub for procedure*. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff. As such, the societies recommend adding 5 minutes to mirror the time allotted for *dress and scrub for procedure* in the facility packages.

Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were 37225 *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed* (28%) and 37230 *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed* (14%). These key references are similar to 369X5 in the sense that they are all complex endovascular procedures. CPT code 37225 involves atherectomy of the femoral and/or popliteal artery and 37230 involves stenting of a tibial artery. They both require significantly more time than 369X5 accounting for the differences in RVU. The lower portion of the table outlines the typical coding scenario under the current component coding scheme.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
369X5 Survey	9.00	0.106	126	27	4	5	75	20
37225 Key Ref	12.00	0.087	196	40	3	5	118	30
37230 Key Ref	13.80	0.101	198	40	3	5	120	30
36870 Existing	5.20	0.055	130	20			60	15
35476 Existing	5.10	0.118	81	17	4	5	35	20
36147 Existing	3.72	0.065	80	20			45	15

36148 Existing	1.00	0.067	15				15	
75978 Existing	0.54	NA	12				NA	
Total Existing	11.15							

This comparison thus favorably supports our recommendation for the 25th percentile survey value of 9.00 RVW for CPT 369X5. ***This will represent a 19% reduction over current coding***.

Comparison to MPC codes

The highest value 000 day global MPC code is 52353 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)* with 7.50 wRVUs. New code 369X5 compares appropriately with this code.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
52353 MPC	7.50	0.101	133	33	5	15	60	20
369X5 Survey	9.00	0.106	126	27	4	5	75	20

Additional Rationale

Comparison of 369X5 to the family of Hemodialysis Access Interventions

CPT code 369X5 includes the base code for the thrombectomy of a clotted hemodialysis access (369X4) with the additional work of angioplasty (35475, 35476, 75962, 75964, 75978). The 25th percentile provides appropriate relativity within the family. The table below highlights the current code in relation to the family.

CPT	Description	RVW	IWPUT	total	pre	intra	post
369X1	Fistulogram	3.72	0.115	66	26	25	15
369X2	Fistulogram with angioplasty	6.00	0.126	86	26	40	20
369X3	Fistulogram with angioplasty and stent	8.00	0.141	96	26	50	20
369X4	Thrombectomy	7.50	0.107	111	31	60	20
369X5	**Thrombectomy with angioplasty**	**9.00**	**0.106**	**126**	**31**	**75**	**20**
369X6	Thrombectomy with angioplasty and stent	10.42	0.104	141	31	90	20
+369X7	Central venous angioplasty through hemodialysis access	3.73	0.149	25		25	
+369X8	Central venous stent through hemodialysis access	4.25	0.106	40		40	
+369X9	Embolization of hemodialysis access	4.25	0.142	30		30	

Conclusion

A multi-disciplinary survey of CPT 369X5 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, an MPC code, and across the new family of hemodialysis access interventions, we believe that the 25th percentile survey RVW of 9.00 appropriately ranks CPT 369X5 relative to other services.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36147, 36148, 35476, 75978 and 36870

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology/Interventional Radiology How often? Commonly

Specialty Nephrology How often? Commonly

Specialty Vascular Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 28,200 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. see attached

Specialty Radiology/Interventional Radiology Frequency 10435 Percentage 37.00 %

Specialty Nephrology Frequency 7897 Percentage 28.00 %

Specialty Vascular Surgery Frequency 5641 Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 35476

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:369X6 Tracking Number R6 Original Specialty Recommended RVU: **10.42**
Presented Recommended RVU: **10.42**
Global Period: 000 RUC Recommended RVU: **10.42**

CPT Descriptor: Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of an intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation to perform the stenting and all angioplasty within the peripheral dialysis circuit

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male with end stage renal disease and history of multiple percutaneous angioplasties of the same vascular segment in a dialysis circuit, presents with a loss of pulses and thrill in his fistula. A pre-procedure ultrasound demonstrates a thrombosed fistula.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The patient's medical history, physical exam, and laboratory studies, are reviewed and consent is obtained. Relevant preoperative diagnostic imaging studies are retrieved and reviewed. A time out is performed. The patient is placed supine on the angiographic table. The skin over the extremity with the dialysis fistula is prepared and draped in sterile fashion and local anesthetic is administered subcutaneously.

Description of Intra-Service Work: A micropuncture needle is used to access the fistula close to the vascular anastomosis and directed towards the central veins. Once blood return is noted, a guidewire is introduced. The needle is exchanged for a vascular sheath over the guidewire. The micropuncture needle is used to access the fistula close to the central veins directed towards the vascular anastomosis. Once blood return is noted, a guidewire is introduced. The needle is exchanged for a vascular sheath over the guidewire. Contrast is injected through both sheaths to assess the vessels in the dialysis circuit as well as the anastomosis. A guidewire and catheter are manipulated through the dialysis circuit vessels under fluoroscopic guidance. Contrast is injected through the catheter to assess distal vessels in the dialysis circuit. A guidewire is directed into the central veins under fluoroscopic guidance. Tissue plasminogen activator is injected through an infusion catheter through the length of clotted vessels in the dialysis fistula and allowed to dwell. The infusion catheter is exchanged for a mechanical thrombectomy device over a guidewire. The mechanical thrombectomy device is used to mechanically dissociate clot within the dialysis circuit vessels. The thrombectomy device is exchanged for a suction catheter over a guidewire and the lysed clot is aspirated. Contrast injected through a catheter placed proximal to the treated

segment to assess treatment response reveals a venous stenosis. A bolus of systemic intravenous heparin is administered. A guidewire is used to traverse a dialysis circuit stenosis. A balloon catheter is advanced over the guidewire into the stenotic vascular segment. The balloon is inflated and then deflated. Contrast is injected through a catheter placed proximal to the treated segment to assess treatment response. An appropriately sized stent is advanced over the guidewire into the stenotic vascular segment. The stent is deployed and the stent catheter is removed. An appropriately sized balloon catheter is advanced over the guidewire and used to appose the stent to the vessel wall. The balloon is inflated to an appropriate pressure then deflated. A contrast injection is made to assess treatment response. A guidewire is used to cross the vascular anastomosis and an occlusion balloon catheter is advanced past the anastomosis. The balloon is inflated and pulled through the anastomosis to remove thrombus within the anastomosis. The catheters and wires are removed. A purse string suture is applied around the vascular sheaths and the suture is tied once each sheath is removed.

Description of Post-Service Work: Sterile dressings are applied. The patient is transported to the recovery room for hemodynamic monitoring and pain control. The procedure is documented in the permanent record. Fluoroscopic results and patient status are communicated to the patient's family. Permanent reports are created for the medical record and copies of the reports are sent to the patient's referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Zeke Silva, MD, Kurt Schoppe, MD and Tim Pflederer, MD		
Specialty(s):	Radiology/Interventional Radiology, Nephrology and Vascular Surgery		
CPT Code:	369X6		
Sample Size:	4036	**Resp N:** 114	**Response:** 2.8 %
Description of Sample:	SVS 936 randomly selected US/MD members SIR 500 randomly selected US/MD members RPA 1850 randomly selected US/MD members ACR selected a random sample of 375 from US/MD membership and targeted sample of 375 US/MD members self-designating interventional radiology (approved by Research SC). No responses were received from the random sample.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	25.00	200.00
Survey RVW:	5.45	10.42	**12.65**	14.00	35.00
Pre-Service Evaluation Time:			**33.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	25.00	60.00	**90.00**	100.00	195.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6B-NF Procedure with sedation

CPT Code:	369X6	**Recommended Physician Work RVU: 10.42**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**22.00**	**22.00**	**0.00**
Pre-Service Positioning Time:		**4.00**	**1.00**	**3.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**0.00**	**5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**20.00**	**28.00**	**-8.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37230	000	13.80	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37221	000	10.00	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52353	000	7.50	**RUC Time**	16,401

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 55 **% of respondents:** 48.2 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 14.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 369X6	**Top Key Reference CPT Code:** 37230	**2nd Key Reference CPT Code:** **37221**
Median Pre-Service Time	31.00	48.00	48.00
Median Intra-Service Time	90.00	120.00	90.00
Median Immediate Post-service Time	20.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**141.00**	**198.00**	**168.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.45	0.31
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.49	0.25
Urgency of medical decision making	0.65	0.69
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.65	0.06

Physical effort required	0.69	0.31

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.55	0.44
Outcome depends on the skill and judgment of physician	0.49	0.50
Estimated risk of malpractice suit with poor outcome	0.40	0.06

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.71	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 36870 was identified by CMS as potentially misvalued on the high expenditure screen. It was sent to CPT to create a new bundled family to describe intervention and maintenance of hemodialysis access. The specialty societies (SVS, SIR, ACR, and RPA) presented the new family of codes at the October 2015 CPT meeting. The new family consists of nine new codes to describe a fistulogram (369X1), fistulogram with angioplasty (369X2), fistulogram with angioplasty and stent (369X3), thrombectomy (369X4), thrombectomy with angioplasty (369X5), and thrombectomy with angioplasty and stent (369X6). There are also three add on codes to describe central venous angioplasty done through the hemodialysis access (+369X7), central venous stent through the hemodialysis access (+369X8), and coil embolization of the hemodialysis access (+369X9).

Methodology

A multi-disciplinary expert panel including SVS, SIR, ACR, ASIN, and RPA was convened. A survey was distributed randomly to the members of the representative societies. There were 114 surveys completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation for 369X6

We are recommending the 25th percentile survey value of 10.42 RVW for 369X6.

Pre- and Post-Service Time Packages

The new CPT code 369X6 will replace the existing code 36870 and bundle in the work of stenting. It will also bundle in the work of 36147 and 36148. Medicare utilization data from 2014 shows that 36870 was

performed in the physician office 54.74% of the time. We therefore recommend pre-service time package 6b (procedure with sedation) and post-service time package 8b (IV sedation/complex procedure) for 369X6 with the following adjustments:

1. Evaulation: We recommend removing 5 minutes of evaluation time for "Administer moderate sedation/observe (wait) anesthesia care". This new family of dialysis codes will use the new moderate sedation codes to report moderate sedation services. We also recommend an additional 5 minutes of evaluation time to assess these complicated patients who have missed dialysis treatments, have thrombosed access, have fluid gain and atypical serum K levels. The treating physician must determine the urgency and stability of the patient.

2. Positioning: We recommend an additional 3 minutes of positioning time as the procedure is performed on the extremity, usually the arm, with fluoroscopy. The arm needs to be appropriately placed and padded to allow imaging of the entire arm, access, and central venous drainage. All non-radiopaque materials need to be clear of the area of interest.

3. Scrub, dress, and wait: An additional 5 minutes has been added to pre-service scrub, dress, and wait time. Although the package includes time for *administer local/topical anesthesia*, there are no minutes for *dress and scrub for procedure*. Sterile OR technique is maintained for this procedure when performed in an office procedure/surgery suite, requiring scrubbing and sterile gown, mask and gloves for the physician and clinical staff. As such, the societies recommend adding 5 minutes to mirror the time allotted for *dress and scrub for procedure* in the facility packages.

Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were 37230 *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed* (48%) and 37221 *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed* (14%). These key references are similar to 369X6 in the sense that they are all complex endovascular stenting procedures. CPT code 37230 is stenting of a tibial artery and 37221 is stenting of an iliac artery. 369X6 and 37221 have identical intra-service times and similar intensities confirming similar RVUs. There is significantly more time in 37230 than 369X6 accounting for the differences in RVU. The lower portion of the table outlines the typical coding scenario under the current component coding scheme.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
37221 Key Ref	10.00	0.092	168	40	3	5	90	30
369X6 Survey	10.42	0.104	141	27	4	5	90	20
37230 Key Ref	13.80	0.101	198	40	3	5	120	30
37238 Existing	6.29	0.080	131	33	3	5	60	30
36870 Existing	5.20	0.055	130	20			60	15
36147	3.72	0.065	80	20			45	15

Existing								
36148 Existing	1.00	0.067	15				15	
Total Existing	11.75							

This comparison thus favorably supports our recommendation for the 25th percentile survey value of 10.42 RVW for CPT 369X6. ***This will represent a 11% reduction over current coding***.

Comparison to MPC codes

The highest value 000 day global MPC code is 52353 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)* with 7.50 wRVUs. New code 369X6 compares appropriately with this code.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
52353 MPC	7.50	0.101	133	33	5	15	60	20
369X6 Survey	10.42	0.104	141	27	4	5	90	20

Additional Rationale

Comparison of 369X6 to the family of Hemodialysis Access Interventions

CPT code 369X6 includes the base code for the thrombectomy of a clotted hemodialysis access (369X4) with the additional work of angioplasty (35475, 35476, 75962, 75964, 75978). The 25th percentile provides appropriate relativity within the family. The table below highlights the current code in relation to the family.

CPT	Description	RVW	IWPUT	total	pre	intra	post
369X1	Fistulogram	3.72	0.115	66	26	25	15
369X2	Fistulogram with angioplasty	6.00	0.126	86	26	40	20
369X3	Fistulogram with angioplasty and stent	8.00	0.141	96	26	50	20
369X4	Thrombectomy	7.50	0.107	111	31	60	20
369X5	Thrombectomy with angioplasty	9.00	0.106	126	31	75	20
369X6	**Thrombectomy with angioplasty and stent**	**10.42**	**0.104**	**141**	**31**	**90**	**20**
+369X7	Central venous angioplasty through hemodialysis access	3.73	0.149	25		25	
+369X8	Central venous stent through hemodialysis access	4.25	0.106	40		40	
+369X9	Embolization of hemodialysis access	4.25	0.142	30		30	

Conclusion

A multi-disciplinary survey of CPT 369X6 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, an MPC code, and across the new family of hemodialysis access interventions, we believe that the 25th percentile survey RVW of 10.42 appropriately ranks CPT 369X6 relative to other services.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36147, 36148, 37238 and 36870.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology/Interventional Radiology How often? Commonly

Specialty Nephrology How often? Commonly

Specialty Vascular Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
12,925 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. see attached

Specialty Radiology/Interventional Radiology Frequency 4784 Percentage 37.01 %

Specialty Nephrology Frequency 3621 Percentage 28.01 %

Specialty Vascular Surgery Frequency 2586 Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 35476

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:369X7 Tracking Number R7 Original Specialty Recommended RVU: **3.73**
Presented Recommended RVU: **3.73**
Global Period: ZZZ RUC Recommended RVU: **3.00**

CPT Descriptor: Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male with end stage renal disease presents with slow flow during his dialysis session. An angiogram indicates the need for an angioplasty within the central vein(s).

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Using previously acquired access(es), contrast is injected through both sheaths to assess the vessels in the dialysis circuit as well as the anastomosis. A guidewire and catheter are manipulated through the dialysis circuit vessels under fluoroscopic guidance. Contrast is injected through the catheter to assess distal vessels in the dialysis circuit. A bolus of systemic, intravenous heparin is administered. A guidewire is used to gently traverse a central vein stenosis. An appropriately sized balloon catheter is advanced over the guidewire into the stenotic vascular segment. The balloon is inflated to an appropriate pressure for 3 minutes and then deflated. Contrast is injected through a catheter placed proximal to the treated segment to assess treatment response. The catheters and wires are removed. A purse string suture is applied around the vascular sheath and the suture is tied once the sheath is removed. Sterile dressings are applied. The additional procedure is documented in the permanent record. Additional permanent reports are created for the medical record.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Zeke Silva, MD, Kurt Schoppe, MD and Tim Pflederer, MD		
Specialty(s):	Radiology/Interventional Radiology, Nephrology and Vascular Surgery		
CPT Code:	369X7		
Sample Size:	4036	**Resp N:** 114	**Response:** 2.8 %
Description of Sample:	SVS 936 randomly selected US/MD members SIR 500 randomly selected US/MD members RPA 1850 randomly selected US/MD members ACR selected a random sample of 375 from US/MD membership and targeted sample of 375 US/MD members self-designating interventional radiology (approved by Research SC). No responses were received from the random sample.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**35.00**	78.00	756.00
Survey RVW:	2.10	3.73	**4.00**	5.28	15.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**25.00**	44.00	120.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	369X7	**Recommended Physician Work RVU: 3.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37222	ZZZ	3.73	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37232	ZZZ	4.00	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	456,453

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	**RUC Time**	8,063

CPT Descriptor 2 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 36 **% of respondents:** 31.5 **%**

Number of respondents who choose 2nd Key Reference Code: 20 **% of respondents:** 17.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 369X7	Top Key Reference CPT Code: 37222	2nd Key Reference CPT Code: **37232**
Median Pre-Service Time	0.00	1.00	1.00
Median Intra-Service Time	25.00	40.00	40.00
Median Immediate Post-service Time	0.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**42.00**	**42.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.08	0.20
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.14	0.15
Urgency of medical decision making	0.14	0.05

Technical Skill/Physical Effort (Mean)

Technical skill required	0.22	0.20
Physical effort required	0.33	0.20

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.08	0.15
Outcome depends on the skill and judgment of physician	0.19	0.50
Estimated risk of malpractice suit with poor outcome	0.17	0.20

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.25	0.15

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 36870 was identified by CMS as potentially misvalued on the high expenditure screen. It was sent to CPT to create a new bundled family to describe intervention and maintenance of hemodialysis access. The specialty societies (SVS, SIR, ACR, and RPA) presented the new family of codes at the October 2015 CPT meeting. The new family consists of nine new codes to describe a fistulogram (369X1), fistulogram with angioplasty (369X2), fistulogram with angioplasty and stent (369X3), thrombectomy (369X4), thrombectomy with angioplasty (369X5), and thrombectomy with angioplasty and stent (369X6). There are also three add on codes to describe central venous angioplasty done through the hemodialysis access (+369X7), central venous stent through the hemodialysis access (+369X8), and coil embolization of the hemodialysis access (+369X9).

Methodology

A multi-disciplinary expert panel including SVS, SIR, ACR, ASIN, and RPA was convened. A survey was distributed randomly to the members of the representative societies. There were 114 surveys completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation for +369X7

We are recommending the 25th percentile survey value of 3.73 RVW for +369X7.

Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were +37222 *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)* (32%) and +37232 *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)* (18%). These key references are similar to +369X7 in the sense that they are all add on endovascular procedure codes involving angioplasty. CPT code 37222 involves additional angioplasty of an iliac artery and 37232 involves additional angioplasty of a tibial artery. They both require significantly more time than +369X7 accounting for the differences in RVU. The lower portion of the table outlines the typical coding scenario under the current component coding scheme which does not address this procedure as an add on code.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
+37222 Key Ref	3.73	0.092	42	1			40	1
+369X7 Survey	3.73	0.149	25				25	
+37232 Key Ref	4.00	0.099	42	1			40	1
35476 Existing	5.10	0.118	81	17	4	5	35	20
75978 Existing	0.54	NA	12				NA	
Total Existing	5.64							

This comparison thus favorably supports our recommendation for the 25th percentile survey value of 3.73 RVW for CPT +369X7. ***This will represent a 34% reduction over current coding***.

Comparison to MPC codes

New code +369X7 ranks appropriately between two MPC codes with similar intra-service times and intensities: +99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* and +57267 *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure).*

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
+99292 MPC	2.25	0.075	30				30	
+369X7 Survey	3.73	0.149	25				25	
+57267 MPC	4.88	0.108	45				45	

Additional Rationale

Comparison of +369X7 to the family of Hemodialysis Access Interventions

CPT code +369X7 represents additional work that is done as an add on to one of the first six codes in the family. It describes the work of a central venous angioplasty. The 25th percentile provides appropriate relativity within the family. The table below highlights the current code in relation to the family.

CPT	Description	RVW	IWPUT	total	pre	intra	post
369X1	Fistulogram	3.72	0.115	66	26	25	15
369X2	Fistulogram with angioplasty	6.00	0.126	86	26	40	20
369X3	Fistulogram with angioplasty and stent	8.00	0.141	96	26	50	20
369X4	Thrombectomy	7.50	0.107	111	31	60	20
369X5	Thrombectomy with angioplasty	9.00	0.106	126	31	75	20
369X6	Thrombectomy with angioplasty and stent	10.42	0.104	141	31	90	20
+369X7	**Central venous angioplasty through hemodialysis access**	**3.73**	**0.149**	**25**		**25**	
+369X8	Central venous stent through hemodialysis access	4.25	0.106	40		40	
+369X9	Embolization of hemodialysis access	4.25	0.142	30		30	

Conclusion

A multi-disciplinary survey of CPT +369X7 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, two MPC codes, and across the new family of hemodialysis access interventions, we believe that the 25th percentile survey RVW of 3.73 appropriately ranks CPT +369X7 relative to other services.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35476 and 75978

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology/Interventional Radiology How often? Commonly

Specialty Nephrology How often? Commonly

Specialty Vascular Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
22,509 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. see attached

Specialty Radiology/Interventional Radiology Frequency 8329 Percentage 37.00 %

Specialty Nephrology Frequency 6303 Percentage 28.00 %

Specialty Vascular Surgery Frequency 4502 Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 35476

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:369X8 Tracking Number R8 Original Specialty Recommended RVU: **4.25**
Presented Recommended RVU: **4.25**
Global Period: ZZZ RUC Recommended RVU: **4.25**

CPT Descriptor: Transcatheter placement of an intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segmen

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male with end stage renal disease and a history of multiple percutaneous angioplasties of the same vascular segment in a central vein presents after an unsuccessful dialysis session. The dialysis nurse reports slow flows on the dialysis machine. After performing an angioplasty of the peripheral dialysis circuit, he undergoes placement of stent(s) within the central vein(s).

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Using previously acquired access(es), contrast is injected through both sheaths to assess the vessels in the dialysis circuit as well as the anastomosis. A guidewire and catheter are manipulated through the dialysis circuit vessels under fluoroscopic guidance. Contrast is injected through the catheter to assess distal vessels in the dialysis circuit. A bolus of systemic intravenous heparin is administered. A guidewire is used to gently traverse a central vein stenosis. An appropriately sized stent is advanced over the guidewire into the stenotic vascular segment. The stent is deployed and the stent catheter is removed. An appropriately sized balloon catheter is advanced over the guidewire and used to appose the stent to the vessel wall. The balloon is inflated to an appropriate pressure then deflated. Contrast is injected through a catheter placed proximal to the treated segment to assess treatment response. The catheters and wires are removed. A purse string suture is applied around the vascular sheath and the suture is tied once the sheath is removed. Sterile dressings are applied. The additional procedure is documented in the permanent record. Additional permanent reports are created for the medical record.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Zeke Silva, MD, Kurt Schoppe, MD and Tim Pflederer, MD		
Specialty(s):	Radiology/Interventional Radiology, Nephrology and Vascular Surgery		
CPT Code:	369X8		
Sample Size:	4036	**Resp N:** 114	**Response:** 2.8 %
Description of Sample:	SVS 936 randomly selected US/MD members SIR 500 randomly selected US/MD members RPA 1850 randomly selected US/MD members ACR selected a random sample of 375 from US/MD membership and targeted sample of 375 US/MD members self-designating interventional radiology (approved by Research SC). No responses were received from the random sample.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**7.00**	20.00	200.00
Survey RVW:	2.90	4.25	**5.50**	6.55	18.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	25.00	**40.00**	60.00	240.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	369X8	**Recommended Physician Work RVU: 4.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37223	ZZZ	4.25	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37234	ZZZ	5.50	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	456,453

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	**RUC Time**	8,063

CPT Descriptor 2 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 29 **% of respondents:** 25.4 **%**

Number of respondents who choose 2nd Key Reference Code: 21 **% of respondents:** 18.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 369X8	Top Key Reference CPT Code: 37223	2nd Key Reference CPT Code: **37234**
Median Pre-Service Time	0.00	1.00	1.00
Median Intra-Service Time	40.00	45.00	60.00
Median Immediate Post-service Time	0.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**40.00**	**47.00**	**62.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.21	0.48
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.14	0.24
Urgency of medical decision making	0.24	0.57

Technical Skill/Physical Effort (Mean)

Technical skill required	0.17	0.67
Physical effort required	0.28	0.38

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.52	0.57
Outcome depends on the skill and judgment of physician	0.28	0.67
Estimated risk of malpractice suit with poor outcome	0.45	0.33

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.34	0.86

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 36870 was identified by CMS as potentially misvalued on the high expenditure screen. It was sent to CPT to create a new bundled family to describe intervention and maintenance of hemodialysis access. The specialty societies (SVS, SIR, ACR, and RPA) presented the new family of codes at the October 2015 CPT meeting. The new family consists of nine new codes to describe a fistulogram (369X1), fistulogram with angioplasty (369X2), fistulogram with angioplasty and stent (369X3), thrombectomy (369X4), thrombectomy with angioplasty (369X5), and thrombectomy with angioplasty and stent (369X6). There are also three add on codes to describe central venous angioplasty done through the hemodialysis access (+369X7), central venous stent through the hemodialysis access (+369X8), and coil embolization of the hemodialysis access (+369X9).

Methodology

A multi-disciplinary expert panel including SVS, SIR, ACR, ASIN, and RPA was convened. A survey was distributed randomly to the members of the representative societies. There were 114 surveys completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation for +369X8

We are recommending the 25th percentile survey value of 4.25 RVW for +369X8.

Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were +37223 *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)* (25%) and +37234 *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)* (18%). These key references are similar to +369X8 in the sense that they are all add on endovascular procedure codes involving stenting. CPT code +37223 involves additional stenting of an iliac artery and +37234 involves additional stenting of a tibial artery. CPT code +369X8 is very similar to +37223 in both time and intensity supporting the recommended value. CPT code +37234 requires significantly longer intra-service time than +369X8 accounting for the differences in RVU. The lower portion of the table outlines the typical coding scenario under the current component coding scheme which does not address this procedure as an add on code.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
+37223 Key Ref	4.25	0.093	47	1			45	1
+369X8 Survey	4.25	0.106	40				40	
+37234 Key Ref	5.50	0.091	62	1			60	1
37238 Existing	6.29	0.080	131	33	3	5	60	30

This comparison thus favorably supports our recommendation for the 25th percentile survey value of 4.25 RVW for CPT +369X8. ***This will represent a 32% reduction over current coding***.

Comparison to MPC codes

New code +369X8 ranks appropriately between two MPC codes with similar intra-service times and intensities: +99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* and +57267 *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure).*

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
+99292 MPC	2.25	0.075	30				30	
+369X8 Survey	4.25	0.106	40				40	
+57267 MPC	4.88	0.108	45				45	

Additional Rationale

Comparison of +369X8 to the family of Hemodialysis Access Interventions

CPT code +369X8 represents additional work that is done as an add on to one of the first six codes in the family. It describes the work of a central venous stent placement. The 25th percentile provides appropriate relativity within the family. The table below highlights the current code in relation to the family.

CPT	Description	RVW	IWPUT	total	pre	intra	post
369X1	Fistulogram	3.72	0.115	66	26	25	15
369X2	Fistulogram with angioplasty	6.00	0.126	86	26	40	20
369X3	Fistulogram with angioplasty and stent	8.00	0.141	96	26	50	20
369X4	Thrombectomy	7.50	0.107	111	31	60	20
369X5	Thrombectomy with angioplasty	9.00	0.106	126	31	75	20
369X6	Thrombectomy with angioplasty and stent	10.42	0.104	141	31	90	20
+369X7	Central venous angioplasty through hemodialysis access	3.73	0.149	25		25	
+369X8	**Central venous stent through hemodialysis access**	**4.25**	**0.106**	**40**		**40**	
+369X9	Embolization of hemodialysis access	4.25	0.142	30		30	

Conclusion

A multi-disciplinary survey of CPT +369X8 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, two MPC codes, and across the new family of hemodialysis access interventions, we believe that the 25th percentile survey RVW of 4.25 appropriately ranks CPT +369X8 relative to other services.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37238

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology/Interventional Radiology How often? Commonly

Specialty Nephrology How often? Commonly

Specialty Vascular Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,796
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. see attached

Specialty Radiology/Interventional Radiology Frequency 665 Percentage 37.02 %

Specialty Nephrology Frequency 504 Percentage 28.06 %

Specialty Vascular Surgery Frequency 360 Percentage 20.04 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 35476

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:369X9 Tracking Number R9 Original Specialty Recommended RVU: **4.25**
Presented Recommended RVU: **4.25**
Global Period: ZZZ RUC Recommended RVU: **4.12**

CPT Descriptor: Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male with end stage renal disease presents with a new fistula that has failed to mature. A pre-procedure ultrasound and angiogram shows flow diversion from the main outflow vein through a large collateral vein requiring permanent vascular occlusion of the dialysis circuit.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Using previously acquired access(es), a guidewire and catheter are manipulated through the dialysis circuit vessels into the previously identified collateral vein. The wire is removed and an embolic material is introduced into the collateral vein. Contrast is injected to confirm occlusion. The catheters and wires are removed. The sheath is removed and hemostasis is achieved through manual pressure at the access site. Sterile dressings are applied. The additional procedure is documented in the permanent record. Additional permanent reports are created for the medical record.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Zeke Silva, MD, Kurt Schoppe, MD and Tim Pflederer, MD		
Specialty(s):	Radiology/Interventional Radiology, Nephrology and Vascular Surgery		
CPT Code:	369X9		
Sample Size:	4036	**Resp N:** 114	**Response:** 2.8 %
Description of Sample:	SVS 936 randomly selected US/MD members SIR 500 randomly selected US/MD members RPA 1850 randomly selected US/MD members ACR selected a random sample of 375 from US/MD membership and a targeted sample of 375 US/MD members self-designating as interventional radiologists (approved by Research SC). No responses were received from the random sample.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**5.00**	14.00	216.00
Survey RVW:	1.80	4.25	**6.00**	7.00	18.53
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	25.00	**30.00**	60.00	120.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	369X9	**Recommended Physician Work RVU: 4.12**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37233	ZZZ	4.25	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35572	ZZZ	6.81	**RUC Time**

CPT Descriptor Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	456,453

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	**RUC Time**	8,063

CPT Descriptor 2 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 16.6 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 14.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 369X9	Top Key Reference CPT Code: 37233	2nd Key Reference CPT Code: **35572**
Median Pre-Service Time	0.00	1.00	0.00
Median Intra-Service Time	30.00	45.00	60.00
Median Immediate Post-service Time	0.00	1.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**47.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.84	0.56
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.58	0.88
Urgency of medical decision making	0.68	0.81

Technical Skill/Physical Effort (Mean)

Technical skill required	0.89	0.94
Physical effort required	0.63	0.88

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.95	1.06
Outcome depends on the skill and judgment of physician	0.84	1.00
Estimated risk of malpractice suit with poor outcome	0.68	0.81

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.95	0.94

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 36870 was identified by CMS as potentially misvalued on the high expenditure screen. It was sent to CPT to create a new bundled family to describe intervention and maintenance of hemodialysis access. The specialty societies (SVS, SIR, ACR, and RPA) presented the new family of codes at the October 2015 CPT meeting. The new family consists of nine new codes to describe a fistulogram (369X1), fistulogram with angioplasty (369X2), fistulogram with angioplasty and stent (369X3), thrombectomy (369X4), thrombectomy with angioplasty (369X5), and thrombectomy with angioplasty and stent (369X6). There are also three add on codes to describe central venous angioplasty done through the hemodialysis access (+369X7), central venous stent through the hemodialysis access (+369X8), and coil embolization of the hemodialysis access (+369X9).

Methodology

A multi-disciplinary expert panel including SVS, SIR, ACR, ASIN, and RPA was convened. A survey was distributed randomly to the members of the representative societies. There were 114 surveys completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation for +369X9

We are recommending the 25th percentile survey value of 4.25 RVW for +369X9.

Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were +37233 *'Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)* (17%) and +35572 *Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)* (14%). These key references are similar to +369X9 in the sense that they are all add on procedure codes. CPT code +37233 involves additional atherectomy of a tibial artery. CPT code +35572 is an open surgical code for harvest of deep venous conduit. CPT code +37233 requires significantly longer intra-service time than +369X9 accounting for the differences in RVU. The lower portion of the table outlines the typical coding scenario under the current component coding scheme which does not address this procedure as an add on code.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
+37233 Key Ref	4.25	0.093	47	1			45	1
+369X9 Survey	4.25	0.142	30				30	
+35572 Key Ref	6.81	0.114	60				60	
37241 Existing	9.00	0.087	147	19	3	5	90	30

This comparison thus favorably supports our recommendation for the 25th percentile survey value of 4.25 RVW for CPT +369X9. ***This will represent a 53% reduction over current coding***.

Comparison to MPC codes

New code +369X9 ranks appropriately between two MPC codes with similar intra-service times and intensities: +99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)* and +57267 *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure).*

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
+99292 MPC	2.25	0.075	30				30	
+369X9 Survey	4.25	0.142	30				30	
+57267 MPC	4.88	0.108	45				45	

Additional Rationale

Comparison of +369X9 to the family of Hemodialysis Access Interventions

CPT code +369X9 represents additional work that is done as an add on to one of the first six codes in the family. It describes the work of a coil embolization of the access itself or tributaries that are impairing the flow through the access. The 25th percentile provides appropriate relativity within the family. The table below highlights the current code in relation to the family.

CPT	Description	RVW	IWPUT	total	pre	intra	post

369X1	Fistulogram	3.72	0.115	66	26	25	15
369X2	Fistulogram with angioplasty	6.00	0.126	86	26	40	20
369X3	Fistulogram with angioplasty and stent	8.00	0.141	96	26	50	20
369X4	Thrombectomy	7.50	0.107	111	31	60	20
369X5	Thrombectomy with angioplasty	9.00	0.106	126	31	75	20
369X6	Thrombectomy with angioplasty and stent	10.42	0.104	141	31	90	20
+369X7	Central venous angioplasty through hemodialysis access	3.73	0.149	25		25	
+369X8	Central venous stent through hemodialysis access	4.25	0.106	40		40	
+369X9	**Embolization of hemodialysis access**	**4.25**	**0.142**	**30**		**30**	

Conclusion

A multi-disciplinary survey of CPT +369X9 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, two MPC codes, and across the new family of hemodialysis access interventions, we believe that the 25th percentile survey RVW of 4.25 appropriately ranks CPT +369X9 relative to other services.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37241

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology/Interventional Radiology How often? Commonly

Specialty Nephrology How often? Commonly

Specialty Vascular Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. see attached

Specialty Radiology/Interventional Radiology Frequency 185 Percentage 37.00 %

Specialty Nephrology Frequency 140 Percentage 28.00 %

Specialty Vascular Surgery Frequency 100 Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 35476

SS Rec Summary

ISSUE: Dialysis Circuit
TAB: 14

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	POST PKG
1st REF	36200	Introduction of catheter, aorta	25	0.058			3.02			91		33	3	5			30			20	
2nd REF	36251	Selective catheter placement (first-order), main renal artery	23	0.087			5.35			113		30	3	5			45			30	
CURRENT	36147	Introduction of needle and/or catheter, arteriovenous shur		0.065			3.72			80		20					45			15	
SVY	369X1	Introduction of needle(s) and/or catheter(s), dialysis circui	114	0.138	2.50	3.72	4.71	5.50	22.00	88		28	10	10	5	20	25	35	90	15	
REC		Fistulogram		0.101			3.36			66	6b	17	4	5			25			15	8b
1st REF	37220	Revascularization, endovascular, open or percutaneous, il	32	0.108			8.15			138		40	3	5			60			30	
2nd REF	37224	Revascularization, endovascular, open or percutaneous, f	27	0.092			9.00			158		40	3	5			80			30	
CURRENT	36147	Introduction of needle and/or catheter, arteriovenous shur		0.065			3.72			80		20					45			15	
CURRENT	35476	Transluminal balloon angioplasty, percutaneous; venous		0.118			5.10			81		17	4	5			35			20	
CURRENT	75978	Transluminal balloon angioplasty, venous (eg, subclavian		NA			0.54			12											
SVY	369X2	with transluminal balloon angioplasty; within the periphe	114	0.164	4.50	6.00	8.00	9.00	27.00	110		30	10	10	10	30	40	45	90	20	
REC		Fistulogram, PTA		0.097			4.83			86	6b	17	4	5			40			20	8b
1st REF	37221	Revascularization, endovascular, open or percutaneous, il	33	0.092			10.00			168		40	3	5			90			30	
2nd REF	37226	Revascularization, endovascular, open or percutaneous, f	29	0.098			10.49			168		40	3	5			90			30	
CURRENT	36147	Introduction of needle and/or catheter, arteriovenous shur		0.065			3.72			80		20					45			15	
CURRENT	37238	Transcatheter placement of an intravascular stent(s), oper		0.080			6.29			131		33	3	5			60			30	
SVY	369X3	with transcatheter placement of intravascular stent(s) with	114	0.172	4.50	8.00	10.00	10.49	29.00	120		30	10	10	15	40	50	60	120	20	
REC		Fistulogram, PTA, stent		0.109			6.39			96	6b	17	4	5			50			20	8b
1st REF	37193	Retrieval (removal) of intravascular vena cava filter, endov	16	0.137			7.35			101		33	3	5			45			15	
2nd REF	37225	Revascularization, endovascular, open or percutaneous, f	16	0.087			12.00			196		40	3	5			118			30	
CURRENT	36147	Introduction of needle and/or catheter, arteriovenous shur		0.065			3.72			80		20					45			15	
CURRENT	36148	Introduction of needle and/or catheter, arteriovenous shur		0.067			1.00			15							15				
CURRENT	36870	Thrombectomy, percutaneous, arteriovenous fistula, autog		0.055			5.20			130		20					60			15	
SVY	369X4	Percutaneous transluminal mechanical thrombectomy and	114	0.135	4.00	7.50	9.53	11.38	33.00	130		30	10	10	10	45	60	80	150	20	
REC		Thrombectomy		0.107			7.50			111	6b	22	4	5			60			20	8b
1st REF	37225	Revascularization, endovascular, open or percutaneous, f	32	0.087			12.00			196		40	3	5			118			30	
2nd REF	37230	Revascularization, endovascular, open or percutaneous, t	16	0.101			13.80			198		40	3	5			120			30	
CURRENT	36147	Introduction of needle and/or catheter, arteriovenous shur		0.065			3.72			80		20					45			15	
CURRENT	36148	Introduction of needle and/or catheter, arteriovenous shur		0.067			1.00			15							15				
CURRENT	35476	Transluminal balloon angioplasty, percutaneous; venous		0.118			5.10			81		17	4	5			35			20	

SS Rec Summary

ISSUE: Dialysis Circuit
TAB: 14

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PKG	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	POST PKG
CURRENT	75978	Transluminal balloon angioplasty, venous (eg, subclavian		NA			0.54			12											
CURRENT	36870	Thrombectomy, percutaneous, arteriovenous fistula, autoc		0.055			5.20			130		20					60			15	
SVY	369X5	with transluminal balloon angioplasty, within the peripher	114	0.128	4.75	9.00	11.00	12.50	33.00	145		30	10	10	20	55	75	90	180	20	
REC		Thrombectomy, PTA		0.106			9.00			126	6b	22	4	5			75			20	8b
1st REF	37230	Revascularization, endovascular, open or percutaneous, ti	55	0.101			13.80			198		40	3	5			120			30	
2nd REF	37221	Revascularization, endovascular, open or percutaneous, il	16	0.092			10.00			168		40	3	5			90			30	
CURRENT	36147	Introduction of needle and/or catheter, arteriovenous shur		0.065			3.72			80		20					45			15	
CURRENT	36148	Introduction of needle and/or catheter, arteriovenous shur		0.067			1.00			15							15				
CURRENT	37238	Transcatheter placement of an intravascular stent(s), oper		0.080			6.29			131		33	3	5			60			30	
CURRENT	36870	Thrombectomy, percutaneous, arteriovenous fistula, autoc		0.055			5.20			130		20					60			15	
SVY	369X6	with transcatheter placement of an intravascular stent(s),	114	0.124	5.45	10.42	12.65	14.00	35.00	163		33	10	10	25	60	90	100	195	20	
REC		Thrombectomy, PTA, stent		0.104			10.42			141	6b	22	4	5			90			20	8b
1st REF	37222	Revascularization, endovascular, open or percutaneous, il	36	0.092			3.73			42		1					40			1	
2nd REF	37232	Revascularization, endovascular, open or percutaneous, ti	20	0.099			4.00			42		1					40			1	
CURRENT	35476	Transluminal balloon angioplasty, percutaneous; venous		0.118			5.10			81		17	4	5			35			20	
CURRENT	75978	Transluminal balloon angioplasty, venous (eg, subclavian		NA			0.54			12											
SVY	369X7	Transluminal balloon angioplasty, central dialysis segmen	114	0.160	2.10	3.73	4.00	5.28	15.00	25		0			5	15	25	44	120	0	
REC		Central venous PTA thru access		0.120			3.00			25	ZZZ	0					25			0	ZZZ
1st REF	37223	Revascularization, endovascular, open or percutaneous, il	29	0.093			4.25			47		1					45			1	
2nd REF	37234	Revascularization, endovascular, open or percutaneous, ti	21	0.091			5.50			62		1					60			1	
CURRENT	37238	Transcatheter placement of an intravascular stent(s), oper		0.080			6.29			131		33	3	5			60			30	
SVY	369X8	Transcatheter placement of an intravascular stent(s), withi	114	0.138	2.90	4.25	5.50	6.55	18.00	40		0			10	25	40	60	240	0	
REC		Central venous stent thru access		0.106			4.25			40	ZZZ	0					40			0	ZZZ
1st REF	37233	Revascularization, endovascular, open or percutaneous, ti	19	0.093			4.25			47		1					45			1	
2nd REF	35572	Harvest of femoropopliteal vein, 1 segment, for vascular re	16	0.114			6.81			60							60				
CURRENT	37241	Vascular embolization or occlusion, inclusive of all radiolo		0.087			9.00			147		19	3	5			90			30	
SVY	369X9	Dialysis circuit permanent vascular embolization or occlus	114	0.200	1.80	4.25	6.00	7.00	18.53	30		0			10	25	30	60	120	0	
REC		Embolization		0.137			4.12			30	ZZZ	0					30			0	ZZZ

14
Tab Number

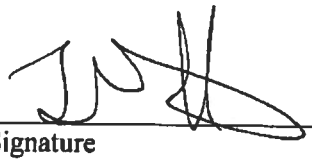
Dialysis Circuit
Issue

369X1-369X9
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

JEFF GIULLIAN

Printed Signature

Renal Physicians Association

Specialty Society

December 15, 2015

Date

14
Tab Number

Dialysis Circuit
Issue

369X1-369X9
Code Range

Attestation Statement

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Signature

Timothy A. Pfleiderer

Printed Signature

Renal Physicians Association

Specialty Society

December 15, 2015

Date

Tab #13
Tab #14
Tab #15
Tab #47
Tab Number

Mechanochemical (MOCA) Vein Ablation
Dialysis Circuit
Open and Percutaneous Transluminal Angioplasty
Non-invasive Physiologic Studies of Extremity Veins
Issue

364X1 & 364X2
369X1-X9
372X1-372X4
93965
Code Range

Attestation Statement

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Signature

Matthew Sideman, MD
Printed Signature

The Society for Vascular Surgery (SVS)
Specialty Society

December 14, 2015
Date

Tab #13
Tab #14
Tab #15
Tab #38
Tab #47
Tab Number

Mechanochemical (MOCA) Vein Ablation
Dialysis Circuit
Open and Percutaneous Transluminal Angioplasty
Intracranial Endovascular Intervention
Non-invasive Physiologic Studies of Extremity Veins
Issue

364X1 & 364X2
369X1-X9
372X1-372X4
61640-61642
93965
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

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Signature

Michael Hall, MD
Printed Signature

The Society of Interventional Radiology (SIR)
Specialty Society

December 14, 2015
Date

14
15
20
38
39
47
Tab Number

Dialysis Circuit
Open and Percutaneous Transluminal Angioplasty
Mammography-Computer Aided Detection Bundling
Intracranial Endovascular Intervention
MRI Face
Non-invasive Physiologic Studies of Extremity Veins
Issue

369X1-369X9
372X1-372X4
770X1-770X3
61640-61642
70540, 70542-70543
93965
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

December 15, 2015
Date

14
15
20
38
39
47
Tab Number

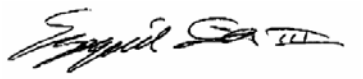
Dialysis Circuit
Open and Percutaneous Transluminal Angioplasty
Mammography-Computer Aided Detection Bundling
Intracranial Endovascular Intervention
MRI Face
Non-invasive Physiologic Studies of Extremity Veins
Issue

369X1-369X9
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Signature

Ezequiel Silva III, MD, FACR
Printed Signature

American College of Radiology
Specialty Society

December 15, 2015
Date

AT MEETING

CPT Code(s): 369X1-9
Specialty Society('s): SIR, ACR, RPA, SVS and ACPh

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

Global Period: '000 **January 2016**

●369X1	*Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiologic supervision and interpretation and image documentation and report;*
●369X2	*with transluminal balloon angioplasty; peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
●369X3	*with transcatheter placement of intravascular stent(s) within the peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment*
●369X4	*Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation; diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);*
●369X5	*with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
●369X6	*with transcatheter placement of an intravascular stent(s), peripheral dialysis segment, including all imaging radiological supervision and interpretation to perform the stenting and all angioplasty within the peripheral dialysis circuit,*

AT MEETING

CPT Code(s): 369X1-9
Specialty Society('s): SIR, ACR, RPA, SVS and ACPh

Global Period: 'ZZZ **January 2016**

●+369X7	*Transluminal balloon angioplasty, central dialysis segment, performed through dialysis access, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)*
●+369X8	*Transcatheter placement of an intravascular stent(s), central dialysis segment, performed through dialysis access, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
●+369X9	*Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)*

---

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

SIR, ACR, RPA, SVS and ACPh convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this new dialysis family of codes.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The dialysis circuit tab includes nine new bundled procedures. We have included notes (row 3) that describe how the new codes are currently coded. We have included the direct practice expense inputs for the codes that are currently used to report these services (columns Z-AM). We have also included the moderate sedation practice expense inputs approved at the September 2015 meeting (pending at CMS).

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We believe there is extensive use of clinical staff time for this dialysis tab. The staff must obtain pre-authorization for the procedure including appropriate referral authorization. Clinical staff confirm the date and time with the patient and notify to patient's dialysis center and nephrologist of the planned procedure. We are requesting 3 additional minutes of pre service time for 369x4 – 369x6 for clinical staff to arrange an unscheduled dialysis treatment for the patient. These patients typically present with a thrombosed access on the day of their dialysis treatment. In addition to arranging for the procedure, staff must arrange for an urgent dialysis treatment because the patient who missed a treatment typically cannot wait until the next regularly scheduled dialysis session.

369X1-369X3
Pre Service Time

- *Complete pre-service diagnostic & referral forms (3)*
- *Coordinate pre-surgery services (3)*
- *Follow-up phone calls & prescriptions (3)*

369X4-369X6
Pre Service Time

- *Coordinate pre-service diagnostic & referral forms (3)*
- *Coordinate pre-surgery services (6)*
- *Follow-up phone calls & prescriptions (6)*

Prepare and Position Patient
We are requesting three extra minutes of positioning. This extra time is needed to prepare the arm for the procedure.

Equipment
We are requesting use of a stretcher chair EF019 instead of the standard stretcher. We believe that a reclining or stretcher type chair is commonly used in the office, non-facility access center setting because of concern for patient and staff safety. ESRD patients frequently have mobility challenges due to age, amputations and other comorbidities. Reducing the number of transfers before and after the procedure greatly reduces the risk of falls. Patients are seated in the preoperative area, transported to the interventional suite, and returned to postoperative care with only one transfer from chair to angiography table in the controlled environment of the interventional suite. Eliminating the need for multiple patient transfers from stretcher to chair has proven to be valuable in reducing risk of falling, reducing risk of staff injury, and improving efficiency.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic & referral forms
Coordinate pre-surgery services
Phone calls and prescriptions
Availability of prior images confirmed and reviewed
Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:

Prepare room, equipment, supplies
Patient is greeted, gowned and escorted into procedure room
Vital signs obtained
Prepare and position patient prone on table / obtain vitals / set up IV / monitor patient

Sterile prep performed and draping of target site
Assist physician in performing procedure
Monitor pt. following service/check tubes, monitors, drains *(not related to moderate sedation)*
Clean room/equipment by physician staff
Technologist archives and QC's images to/in PACS, checking for all images and dose page
Review examination with interpreting MD
Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

Conduct phone calls/call in prescriptions

AT MEETING

CPT Code(s): 369X1-9
Specialty Society('s): SIR, ACR, RPA, SVS and ACPh

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

Global Period: '000 **January 2016**

●369X1 *Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiologic supervision and interpretation and image documentation and report;*

●369X2 *with transluminal balloon angioplasty; peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*

●369X3 *with transcatheter placement of intravascular stent(s) within the peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment*

●369X4 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation; diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);*

●369X5 *with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*

●369X6 *with transcatheter placement of an intravascular stent(s), peripheral dialysis segment, including all imaging radiological supervision and interpretation to perform the stenting and all angioplasty within the peripheral dialysis circuit,*

AT MEETING

CPT Code(s): 369X1-9
Specialty Society('s): SIR, ACR, RPA, SVS and ACPh

Global Period: 'ZZZ **January 2016**

●+369X7	*Transluminal balloon angioplasty, central dialysis segment, performed through dialysis access, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)*
●+369X8	*Transcatheter placement of an intravascular stent(s), central dialysis segment, performed through dialysis access, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
●+369X9	*Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)*

---

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

SIR, ACR, RPA, SVS and ACPh convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this new dialysis family of codes.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The dialysis circuit tab includes nine new bundled procedures. We have included notes (row 3) that describe how the new codes are currently coded. We have included the direct practice expense inputs for the codes that are currently used to report these services (columns Z-AM). We have also included the moderate sedation practice expense inputs approved at the September 2015 meeting (pending at CMS).

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We believe there is extensive use of clinical staff time for this dialysis tab.
The staff must obtain pre-authorization for the procedure including appropriate referral authorization. The staff calls the facility to schedule to patient. They then confirm the date and time with the patient and notify to patient's dialysis center and nephrologist of the planned procedure. We are requesting 3 additional minutes of pre service time for 369x4 – 369x6 for clinical staff to arrange an unscheduled dialysis treatment for the patient. These patients typically present with a thrombosed access on the day of their dialysis treatment. In addition to arranging for the procedure, staff must arrange for an urgent dialysis treatment

because the patient who missed a treatment typically cannot wait until the next regularly scheduled dialysis session.

369X1-369X3
Pre Service Time
Coordinate pre-surgery services (3 min) and Schedule space/equipment in facility (3 min)

We are recommending 6 minutes of pre service time

369X4-369X6
Pre Service Time

- *Coordinate pre-service diagnostic & referral forms (3)*
- *Coordinate pre-surgery services (6)*
- *Schedule space and equipment in facility (6)*
- *Follow-up phone calls & prescriptions (6)*

We are recommending 24 minutes of pre service time.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic & referral forms
Coordinate pre-surgery services
Schedule space and equipment in facility
Phone calls and prescriptions

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

Conduct phone calls/call in prescriptions

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	**AT MEETING**			**MODERATE SEDATION**				**Recommendations**		**Recommendations**		**Recommendations**		**Recomm**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**991X2X**		**991X5X**		**369X1**		**369X2**		**369X3**		**369**
3				**RUC Approved September 2015 - CMS Pending**				36147		36147+35476+75978		36147+37238		36147+36
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**	*Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or*		*Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or*		Fistulagram		Fistulogram, PTA		Fistulogram, PTA, stent		Thromb
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6	**GLOBAL PERIOD**			**XXX**	**XXX**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
7	**TOTAL CLINICAL LABOR TIME**			**32**	**0**	**15**	**0**	**110**	**9**	**140**	**9**	**160**	**9**	**186**
8	TOTAL PRE-SERV CLINICAL LABOR TIME			**0**	**0**	**0**	**0**	**13**	**6**	**13**	**6**	**13**	**6**	**19**
9	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*					*9*	*6*	*9*	*6*	*9*	*6*	*15*
10	*RT*	*L041A*	*AngioTech*					*4*		*4*		*4*		*4*
11	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			**32**	**0**	**15**	**0**	**94**	**0**	**124**	**0**	**144**	**0**	**164**
12	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*					*45*		*49*		*51*		*54*
13	*RT*	*L041A*	*AngioTech*					*49*		*75*		*93*		*110*
14	*RN*	*L051A*	*RN*	*32*		*15*		*0*		*0*		*0*		*0*
15	TOTAL POST-SERV CLINICAL LABOR TIME			**0**	**0**	**0**	**0**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
16	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*					*3*	*3*	*3*	*3*	*3*	*3*	*3*
17														
18	**PRE-SERVICE**													
19	**Start: Following visit when decision for surgery or procedure made**													
20	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA					3		3		3		3
21	Coordinate pre-surgery services	L037D	RN/LPN/MTA					3	3	3	3	3	3	6
22	Schedule space and equipment in facility	L037D	RN/LPN/MTA						3		3		3	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA											
24	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA					3		3		3		6
25	Availability of prior images confirmed	L041A	AngioTech					2		2		2		2
26	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041A	AngioTech					2		2		2		2
27	Other Clinical Activity - *specify:*													
28	**End: When patient enters office/facility for surgery/procedure**													
29	**SERVICE PERIOD**													
30	**Start: When patient enters office/facility for surgery/procedure:**													
31	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA					3		3		3		3
32	Obtain vital signs	L037D	RN/LPN/MTA					3		3		3		3
33	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA					5		5		5		5
34	Prepare room, equipment, supplies	L037D	RN/LPN/MTA					2		2		2		2
35	Setup scope (non facility setting only)													
36	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA					5		5		5		5
37	Sedate/apply anesthesia	L051A	RN	2										
38	Other Clinical Activity - specify:													

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	**AT MEETING**			**MODERATE SEDATION**				**Recommendations**		**Recommendations**		**Recommendations**		**Recomm**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**991X2X**		**991X5X**		**369X1**		**369X2**		**369X3**		**369**
3				**RUC Approved September 2015 - CMS Pending**				36147		36147+35476+75978		36147+37238		36147+36
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**	*Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or*		*Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or*		Fistulagram		Fistulogram, PTA		Fistulogram, PTA, stent		Thromb
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6	**GLOBAL PERIOD**			**XXX**	**XXX**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
39	**Intra-service**													
40	Assist physician in performing procedure	L041A	AngioTech	15		15		25		40		50		60
41	Assist physician/moderate sedation (% of physician time)	L051A	RN											
42	Aquire Images (75%)	L041A	AngioTech					19		30		38		45
43	Circulator (25%)	L037D	RN/LPN/MTA					6		10		12		15
44	**Post-Service**													
45	Monitor pt. following moderate sedation	L051A	RN	15										
46	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA					15		15		15		15
47	Clean room/equipment by physician staff	L037D	RN/LPN/MTA					3		3		3		3
48	Clean Scope													
49	Clean Surgical Instrument Package													
50	Complete diagnostic forms, lab & X-ray requisitions													
51	Review/read X-ray, lab, and pathology reports													
52	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA					3		3		3		3
53	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041A	AngioTech					2		2		2		2
54	Review examination with interpreting MD	L041A	AngioTech					2		2		2		2
55	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041A	AngioTech					1		1		1		1
56	Other Clinical Activity - *specify:*													
57	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a		n/a
58	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a		n/a
59	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a		n/a
60	**End: Patient leaves office**													

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	**AT MEETING**			**MODERATE SEDATION**				**Recommendations**		**Recommendations**		**Recommendations**		**Recomm**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**991X2X**		**991X5X**		**369X1**		**369X2**		**369X3**		**369**
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5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6	**GLOBAL PERIOD**			**XXX**	**XXX**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
61	**POST-SERVICE Period**													
62	**Start: Patient leaves office/facility**													
63	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA					3	3	3	3	3	3	3
64	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
70	**Total Office Visit Time**			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
71	Other Clinical Activity - *specify:*													
72	**End: with last office visit before end of global period**													
73	**MEDICAL SUPPLIES***	**CODE**	**UNIT**											
74	pack, minimum multi-specialty visit	SA048	pack					1		1		1		1
75	pack, conscious sedation	SA044	Item	1										
76	**kit, for percutaneous thrombolytic device (Trerotola)**	**SA015**	**kit**											**1**
77	kit, guidewire introducer (Micro-Stick)	SA016	kit					1		1		1		1
78	kit, iv starter	SA019	kit					1		1		1		1
79	tray, shave prep	SA067	tray											
80	kit, AccuStick II Introducer System with RO Marker	SA071	kit											
81	**stent, vascular, deployment system, Cordis SMART**	**SA103**	**item**											
82	cap, surgical (REDUCE by 1)	SB001	item					3		3		3		3
83	drape, sterile, c-arm, fluoro	SB008	item					1		1		1		1
84	drape, sterile, femoral	SB009	item											
85	drape, sterile, fenestrated 16in x 29in	SB011	item											
86	drape, sterile, three-quarter sheet	SB014	item					1		1		1		1
87	drape-towel, sterile 18inx26in	SB019	item					2		2		2		2
88	gloves, non-sterile (REDUCE by 1)	SB022	pair					1		1		1		1
89	gloves, sterile	SB024	pair					2		2		2		2
90	gown, surgical, sterile	SB028	item					2		2		2		2
91	mask, surgical (REDUCE by 1)	SB033	item					1		1		1		1
92	mask, surgical, with face shield	SB034	item					2		2		2		2
93	shoe covers, surgical (REDUCE by 1)	SB039	pair					3		3		3		3
94	underpad 2ftx3ft (Chux)	SB044	item					1		1		1		1
95	catheter, angiographic, pig-tail	SC008	item											
96	closed flush system, angiography	SC010	item					1		1		1		1
97	stop cock, 3-way	SC049	item											
98	syringe 10-12ml	SC051	item					2		2		2		2
99	syringe 20 ml	SC053	item					2		2		2		2
100	syringe 30 ml	SC054	item											
101	syringe 5-6 ml	SC057	item											1
102	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item					2		2		2		2
103	syringe, pressure (radiology)	SC060	item											
104	syringe-needle 3ml 22-26g	SC064	item											
105	**catheter, thrombectomy-Fogarty**	**SD032**	**item**											**1**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	**AT MEETING**			**MODERATE SEDATION**				**Recommendations**		**Recommendations**		**Recommendations**		**Recomm**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**991X2X**		**991X5X**		**369X1**		**369X2**		**369X3**		**369**
3				**RUC Approved September 2015 - CMS Pending**				36147		36147+35476+75978		36147+37238		36147+36
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**	*Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or*		*Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or*		Fistulagram		Fistulogram, PTA		Fistulogram, PTA, stent		Thromb
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6	**GLOBAL PERIOD**			**XXX**	**XXX**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
106	guidewire	SD088	item											
107	guidewire, hydrophilic	SD089	item							1		1		1
108	vascular sheath	SD136	item					1		1		1		2
109	catheter, (Glide)	SD147	item							1		1		1
110	catheter, (SIM2F1)	SD148	item											
111	catheter, balloon inflation device	SD149	item							1		1		
112	**catheter, balloon, PTA**	**SD152**	**item**							**1**		**1**		
113	**catheter, microcatheter**	**SD154**	**item**											
114	guidewire bowl w-lid, sterile	SD171	item					1		1		1		1
115	guidewire, cerebral (Bentson)	SD172	item					1		1		1		1
116	guidewire, steerable (Hi-Torque)	SD174	item											
117	**guidewire, steerable (Transcend)**	**SD175**	**item**											
118	guidewire, torque	SD176	item											
119	sheath, peel away	SD206	item											
120	tubing, pressure injection line (angiography)	SD211	item											
121	Sterile Radio-opaque ruler	SD249	item									1		
122	guidewire, Amplatz wire 260 cm	SD252	Item							1		1		1
123	**covered stent (VIABAHN, Gore)**	**SD254**	**item**									**1**		
124	blade, surgical (Bard-Parker)	SF007	item					1		1		1		1
125	suture, nylon, 3-0 to 6-0, c	SF036	item											1
126	suture, nylon	SF036	item											
127	**Detachable coil**	**SF056**	**item**											
128	**non-detachable embolization coil**	**SF057**	**item**											
129	applicator, sponge-tipped	SG009	item					4		4		4		4
130	dressing, 3in x 4in (Telfa, Release)	SG035	item											
131	dressing, 4in x 4.75 in (Tegaderm)	SG037	item											
132	gauze, sterile 4in x 4in	SG055	item					6		6		6		6
133	steri-strip (6 strip uou)	SG074	item											
134	tape, surgical paper 1in (Micropore)	SG079	item					12		12		12		12
135	Hemostatic patch	SG095	item					1		1		1		2
136	Conray Inj (iothalamate 43%)	SH026	ml											
137	heparin 1,000 units-ml inj	SH039	ml							5		5		5
138	lidocaine 1%-2% inj (Xylocaine)	SH047	ml					10		10		10		10
139	sodium chloride 0.9% flush syringe	SH065	item					2		2		2		2
140	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item					1		1		1		1
141	povidone soln (Betadine)	SJ041	ml					60		60		60		60
142	computer media, dvd	SK013	item											
143	film, x-ray 14inx17in	SK034	item											
144	patient education booklet	SK062	item											
145	x-ray developer solution	SK089	oz											

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	**AT MEETING**			**MODERATE SEDATION**				**Recommendations**		**Recommendations**		**Recommendations**		**Recomm**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**991X2X**		**991X5X**		**369X1**		**369X2**		**369X3**		**369**
3				**RUC Approved September 2015 - CMS Pending**				36147		36147+35476+75978		36147+37238		36147+36
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**	*Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or*		*Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or*		Fistulagram		Fistulogram, PTA		Fistulogram, PTA, stent		Thromb
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6	**GLOBAL PERIOD**			**XXX**	**XXX**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
146	x-ray envelope	SK091	item											
147	x-ray fixer solution	SK092	oz											
148	x-ray ID card (flashcard)	SK093	item											
149	disinfectant, surface (Envirocide, Sanizide)	SM013	oz					1		1		1		1
150	sanitizing cloth-wipe (patient)	SM021	item					1		1		1		1
151														
152	**EQUIPMENT**	**CODE**												
153	angiographic room	EL011						37		52		62		72
154	PACS Workstation Proxy	ED050						54		69		79		89
155	table, instrument, mobile	EF027		77		15		60		60		60		60
156	stretcher chair	EF019						60		60		60		60
157	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		77		15		60		60		60		60
158	IV infusion pump	EQ032		77		15		60		60		60		60
159	film printer, laser	ED032												
160	stretcher	EF018		77		15								
161	table, exam	EF023												
162	exam lamp	EQ168												
163	oxygen tank	EQ192												
164	pulse oximeter	EQ211												
165	film alternator	ER029												
166														

	A	B	C	O	P	Q	R	S	T	U	V	W	X	Y
1	**AT MEETING**			**endations**	**Recommendations**		**Recommendations**		**Recommendations**		**Recommendations**		**Recommendations**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**X4**	**369X5**		**369X6**		**369X7**		**369X8**		**369X9**	
3				48+36870	47+36148+35476+75978+36		36147+36148+37238+36870		35476+75978		37238		37241	
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**	ectomy	Thrombectomy, PTA		Thrombectomy, PTA, stent		Central venous PTA thru access		Central venous stent thru access		Embolization	
5	**LOCATION**			**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**
7	**TOTAL CLINICAL LABOR TIME**			**24**	**216**	**24**	**246**	**24**	**50**	**0**	**80**	**0**	**60**	**0**
8	TOTAL PRE-SERV CLINICAL LABOR TIME			**21**	**19**	**21**	**19**	**21**	**0**	**0**	**0**	**0**	**0**	**0**
9	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*21*	*15*	*21*	*15*	*21*	*0*	*0*	*0*	*0*	*0*	*0*
10	*RT*	*L041A*	*AngioTech*		*4*		*4*		*0*		*0*		*0*	
11	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			**0**	**194**	**0**	**224**	**0**	**50**	**0**	**80**	**0**	**60**	**0**
12	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*		*58*		*61*		*6*		*10*		*7*	
13	*RT*	*L041A*	*AngioTech*		*136*		*163*		*44*		*70*		*53*	
14	*RN*	*L051A*	*RN*		*0*		*0*		*0*		*0*		*0*	
15	TOTAL POST-SERV CLINICAL LABOR TIME			**3**	**3**	**3**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**0**
16	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*3*	*3*	*3*	*3*	*3*	*0*	*0*	*0*	*0*	*0*	*0*
17														
18	**PRE-SERVICE**													
19	**Start: Following visit when decision for surgery or procedure made**													
20	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	3	3	3	3						
21	Coordinate pre-surgery services	L037D	RN/LPN/MTA	6	6	6	6	6						
22	Schedule space and equipment in facility	L037D	RN/LPN/MTA	6		6		6						
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA											
24	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	6	6	6	6	6						
25	Availability of prior images confirmed	L041A	AngioTech		2		2							
26	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041A	AngioTech		2		2							
27	Other Clinical Activity - *specify:*													
28	**End: When patient enters office/facility for surgery/procedure**													
29	**SERVICE PERIOD**													
30	**Start: When patient enters office/facility for surgery/procedure:**													
31	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA		3		3							
32	Obtain vital signs	L037D	RN/LPN/MTA		3		3							
33	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		5		5							
34	Prepare room, equipment, supplies	L037D	RN/LPN/MTA		2		2							
35	Setup scope (non facility setting only)													
36	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA		5		5							
37	Sedate/apply anesthesia	L051A	RN											
38	Other Clinical Activity - specify:													

	A	B	C	O	P	Q	R	S	T	U	V	W	X	Y
1	**AT MEETING**			**endations**	**Recommendations**		**Recommendations**		**Recommendations**		**Recommendations**		**Recommendations**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**X4**	**369X5**		**369X6**		**369X7**		**369X8**		**369X9**	
3				48+36870	47+36148+35476+75978+36		36147+36148+37238+36870		35476+75978		37238		37241	
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**	ectomy	Thrombectomy, PTA		Thrombectomy, PTA, stent		Central venous PTA thru access		Central venous stent thru access		Embolization	
5	**LOCATION**			**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**
39	**Intra-service**													
40	Assist physician in performing procedure	L041A	AngioTech		75		90		25		40		30	
41	Assist physician/moderate sedation (% of physician time)	L051A	RN											
42	Aquire Images (75%)	L041A	AngioTech		56		68		19		30		23	
43	Circulator (25%)	L037D	RN/LPN/MTA		19		22		6		10		7	
44	**Post-Service**													
45	Monitor pt. following moderate sedation	L051A	RN											
46	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA		15		15							
47	Clean room/equipment by physician staff	L037D	RN/LPN/MTA		3		3							
48	Clean Scope													
49	Clean Surgical Instrument Package													
50	Complete diagnostic forms, lab & X-ray requisitions													
51	Review/read X-ray, lab, and pathology reports													
52	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA		3		3							
53	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041A	AngioTech		2		2							
54	Review examination with interpreting MD	L041A	AngioTech		2		2							
55	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041A	AngioTech		1		1							
56	Other Clinical Activity - *specify:*													
57	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)				n/a		n/a		n/a		n/a		n/a	
58	Dischrg mgmt (1.0 x 99238) (enter 12 min)				n/a		n/a		n/a		n/a		n/a	
59	Dischrg mgmt (1.0 x 99239) (enter 15 min)				n/a		n/a		n/a		n/a		n/a	
60	**End: Patient leaves office**													

	A	B	C	O	P	Q	R	S	T	U	V	W	X	Y
1	**AT MEETING**			**endations**	**Recommendations**		**Recommendations**		**Recommendations**		**Recommendations**		**Recommendations**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**X4**	**369X5**		**369X6**		**369X7**		**369X8**		**369X9**	
3				48+36870	47+36148+35476+75978+36		36147+36148+37238+36870		35476+75978		37238		37241	
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**	ectomy	Thrombectomy, PTA		Thrombectomy, PTA, stent		Central venous PTA thru access		Central venous stent thru access		Embolization	
5	**LOCATION**			**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**
61	**POST-SERVICE Period**													
62	**Start: Patient leaves office/facility**													
63	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3						
64	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
70	**Total Office Visit Time**			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
71	Other Clinical Activity - *specify:*													
72	**End: with last office visit before end of global period**													
73	**MEDICAL SUPPLIES***	**CODE**	**UNIT**											
74	pack, minimum multi-specialty visit	SA048	pack		1		1							
75	pack, conscious sedation	SA044	Item											
76	**kit, for percutaneous thrombolytic device (Trerotola)**	**SA015**	**kit**		**1**		**1**							
77	kit, guidewire introducer (Micro-Stick)	SA016	kit		1		1							
78	kit, iv starter	SA019	kit		1		1							
79	tray, shave prep	SA067	tray											
80	kit, AccuStick II Introducer System with RO Marker	SA071	kit											
81	**stent, vascular, deployment system, Cordis SMART**	**SA103**	**item**								**1**			
82	cap, surgical (REDUCE by 1)	SB001	item		3		3							
83	drape, sterile, c-arm, fluoro	SB008	item		1		1							
84	drape, sterile, femoral	SB009	item											
85	drape, sterile, fenestrated 16in x 29in	SB011	item											
86	drape, sterile, three-quarter sheet	SB014	item		1		1							
87	drape-towel, sterile 18inx26in	SB019	item		2		2							
88	gloves, non-sterile (REDUCE by 1)	SB022	pair		1		1							
89	gloves, sterile	SB024	pair		2		2							
90	gown, surgical, sterile	SB028	item		2		2							
91	mask, surgical (REDUCE by 1)	SB033	item		1		1							
92	mask, surgical, with face shield	SB034	item		2		2							
93	shoe covers, surgical (REDUCE by 1)	SB039	pair		3		3							
94	underpad 2ftx3ft (Chux)	SB044	item		1		1							
95	catheter, angiographic, pig-tail	SC008	item											
96	closed flush system, angiography	SC010	item		1		1							
97	stop cock, 3-way	SC049	item											
98	syringe 10-12ml	SC051	item		2		2							
99	syringe 20 ml	SC053	item		2		2							
100	syringe 30 ml	SC054	item											
101	syringe 5-6 ml	SC057	item		1		1							
102	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item		2		2							
103	syringe, pressure (radiology)	SC060	item											
104	syringe-needle 3ml 22-26g	SC064	item											
105	**catheter, thrombectomy-Fogarty**	**SD032**	**item**		**1**		**1**							

	A	B	C	O	P	Q	R	S	T	U	V	W	X	Y
1	**AT MEETING**			**endations**	**Recommendations**		**Recommendations**		**Recommendations**		**Recommendations**		**Recommendations**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**X4**	**369X5**		**369X6**		**369X7**		**369X8**		**369X9**	
3				148+36870	47+36148+35476+75978+36		36147+36148+37238+36870		35476+75978		37238		37241	
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**	ectomy	Thrombectomy, PTA		Thrombectomy, PTA, stent		Central venous PTA thru access		Central venous stent thru access		Embolization	
5	**LOCATION**			**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**
106	guidewire	SD088	item											
107	guidewire, hydrophilic	SD089	item		1		1							
108	vascular sheath	SD136	item		2		2							
109	catheter, (Glide)	SD147	item		1		1		1		1		1	
110	catheter, (SIM2F1)	SD148	item											
111	catheter, balloon inflation device	SD149	item		1		1		1		1			
112	**catheter, balloon, PTA**	**SD152**	**item**		**1**		**1**		**1**		**1**			
113	**catheter, microcatheter**	**SD154**	**item**											
114	guidewire bowl w-lid, sterile	SD171	item		1		1							
115	guidewire, cerebral (Bentson)	SD172	item		1		1							
116	guidewire, steerable (Hi-Torque)	SD174	item											
117	**guidewire, steerable (Transcend)**	**SD175**	**item**											
118	guidewire, torque	SD176	item											
119	sheath, peel away	SD206	item											
120	tubing, pressure injection line (angiography)	SD211	item											
121	Sterile Radio-opaque ruler	SD249	item				1							
122	guidewire, Amplatz wire 260 cm	SD252	Item		1		1		1		1			
123	**covered stent (VIABAHN, Gore)**	**SD254**	**item**				**1**							
124	blade, surgical (Bard-Parker)	SF007	item		1		1							
125	suture, nylon, 3-0 to 6-0, c	SF036	item		1		1							
126	suture, nylon	SF036	item											
127	**Detachable coil**	**SF056**	**item**										**1**	
128	**non-detachable embolization coil**	**SF057**	**item**										**2**	
129	applicator, sponge-tipped	SG009	item		4		4							
130	dressing, 3in x 4in (Telfa, Release)	SG035	item											
131	dressing, 4in x 4.75 in (Tegaderm)	SG037	item											
132	gauze, sterile 4in x 4in	SG055	item		6		6							
133	steri-strip (6 strip uou)	SG074	item											
134	tape, surgical paper 1in (Micropore)	SG079	item		12		12							
135	Hemostatic patch	SG095	item		2		2							
136	Conray Inj (iothalamate 43%)	SH026	ml											
137	heparin 1,000 units-ml inj	SH039	ml		5		5		2		2			
138	lidocaine 1%-2% inj (Xylocaine)	SH047	ml		10		10							
139	sodium chloride 0.9% flush syringe	SH065	item		2		2							
140	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item		1		1							
141	povidone soln (Betadine)	SJ041	ml		60		60							
142	computer media, dvd	SK013	item											
143	film, x-ray 14inx17in	SK034	item											
144	patient education booklet	SK062	item											
145	x-ray developer solution	SK089	oz											

	A	B	C	O	P	Q	R	S	T	U	V	W	X	Y
1	**AT MEETING**			**endations**	**Recommendations**		**Recommendations**		**Recommendations**		**Recommendations**		**Recommendations**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**X4**	**369X5**		**369X6**		**369X7**		**369X8**		**369X9**	
3				48+36870	47+36148+35476+75978+36		36147+36148+37238+36870		35476+75978		37238		37241	
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**	ectomy	Thrombectomy, PTA		Thrombectomy, PTA, stent		Central venous PTA thru access		Central venous stent thru access		Embolization	
5	**LOCATION**			**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**
146	x-ray envelope	SK091	item											
147	x-ray fixer solution	SK092	oz											
148	x-ray ID card (flashcard)	SK093	item											
149	disinfectant, surface (Envirocide, Sanizide)	SM013	oz		1		1							
150	sanitizing cloth-wipe (patient)	SM021	item		1		1							
151														
152	**EQUIPMENT**	**CODE**												
153	angiographic room	EL011			87		102		25		40		30	
154	PACS Workstation Proxy	ED050			104		119		25		40		30	
155	table, instrument, mobile	EF027			60		60							
156	stretcher chair	EF019			60		60							
157	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011			60		60							
158	IV infusion pump	EQ032			60		60							
159	film printer, laser	ED032												
160	stretcher	EF018												
161	table, exam	EF023												
162	exam lamp	EQ168												
163	oxygen tank	EQ192												
164	pulse oximeter	EQ211												
165	film alternator	ER029												
166														

	A	B	C	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ
1	**AT MEETING**			**CURRENT**		**CURRENT**		**CURRENT**		**CURRENT**		**CURRENT**		**CURR**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**36147**		**36148**		**35476**		**75978**		**37238**		**368**
3				*2009*		*2009*		*2012*		*2014*		*2013*		*20*
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**	*Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial*		*Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula);*		*Transluminal balloon angioplasty, percutaneous; venous*		*Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation*		*Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological*		*Thromb percuta arteriovenc autoger nonautoge*
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6	**GLOBAL PERIOD**			**XXX**	**XXX**	**ZZZ**	**ZZZ**	**000**	**000**	**XXX**	**XXX**	**000**	**000**	**090**
7	**TOTAL CLINICAL LABOR TIME**			**204**	**6**	**30**	**0**	**167**	**21**	**90**	**0**	**281**	**9**	**233**
8	TOTAL PRE-SERV CLINICAL LABOR TIME			**15**	**3**	**0**	**0**	**9**	**21**	**6**	**0**	**15**	**6**	**35**
9	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*9*	*3*			*9*	*21*			*9*	*6*	*35*
10	*RT*	*L041A*	*AngioTech*	*6*						*6*		*6*		
11	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			**186**	**0**	**30**	**0**	**158**	**0**	**84**	**0**	**263**	**0**	**171**
12	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*21*				*23*				*46*		*94*
13	*RT*	*L041A*	*AngioTech*	*88*		*15*		*68*		*84*		*110*		
14	*RN*	*L051A*	*RN*	*77*		*15*		*67*				*107*		*77*
15	TOTAL POST-SERV CLINICAL LABOR TIME			**3**	**3**	**0**	**0**	**0**	**0**	**0**	**0**	**3**	**3**	**27**
16	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*3*	*3*							*3*	*3*	*27*
17														
18	**PRE-SERVICE**													
19	**Start: Following visit when decision for surgery or procedure made**													
20	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3				3	5			3	3	5
21	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3				3	8			3		10
22	Schedule space and equipment in facility	L037D	RN/LPN/MTA						5				3	
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA											10
24	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3			3	3			3		10
25	Availability of prior images confirmed	L041A	AngioTech	6						6		6		
26	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041A	AngioTech											
27	Other Clinical Activity - *specify:*													
28	**End: When patient enters office/facility for surgery/procedure**													
29	**SERVICE PERIOD**													
30	**Start: When patient enters office/facility for surgery/procedure:**													
31	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	5				5				3		3
32	Obtain vital signs	L037D	RN/LPN/MTA	5				5				5		5
33	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5				5				5		
34	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	7		2		4		2		7		5
35	Setup scope (non facility setting only)													
36	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	5				2		2		5		5
37	Sedate/apply anesthesia	L051A	RN	2		2		2				2		2
38	Other Clinical Activity - specify:									2				

	A	B	C	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ
1	**AT MEETING**			**CURRENT**		**CURRENT**		**CURRENT**		**CURRENT**		**CURRENT**		**CURR**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**36147**		**36148**		**35476**		**75978**		**37238**		**368**
3				*2009*		*2009*		*2012*		*2014*		*2013*		*20*
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**	*Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial*		*Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula);*		*Transluminal balloon angioplasty, percutaneous; venous*		*Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation*		*Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological*		*Thromb percuta arteriovenc autoger nonautoge*
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6	**GLOBAL PERIOD**			**XXX**	**XXX**	**ZZZ**	**ZZZ**	**000**	**000**	**XXX**	**XXX**	**000**	**000**	**090**
39	**Intra-service**													
40	Assist physician in performing procedure	L041A	AngioTech	34		15		35		35		60		60
41	Assist physician/moderate sedation (% of physician time)	L051A	RN	45				35				60		60
42	Aquire Images (75%)	L041A	AngioTech	34		11		26		35		45		
43	Circulator (25%)	L037D	RN/LPN/MTA									15		
44	**Post-Service**													
45	Monitor pt. following moderate sedation	L051A	RN	30				30				45		15
46	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA											
47	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3				3		3		3		3
48	Clean Scope													
49	Clean Surgical Instrument Package													
50	Complete diagnostic forms, lab & X-ray requisitions													5
51	Review/read X-ray, lab, and pathology reports													
52	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3				3				3		5
53	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041A	AngioTech	2						2		2		
54	Review examination with interpreting MD	L041A	AngioTech	2						2		2		
55	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041A	AngioTech	1						1		1		
56	Other Clinical Activity - *specify:*			3										
57	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a		n/a
58	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a		n/a
59	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a		n/a
60	**End: Patient leaves office**													

	A	B	C	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ
1	**AT MEETING**			**CURRENT**		**CURRENT**		**CURRENT**		**CURRENT**		**CURRENT**		**CURR**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**36147**		**36148**		**35476**		**75978**		**37238**		**368**
3				*2009*		*2009*		*2012*		*2014*		*2013*		*20*
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**	*Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial*		*Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula);*		*Transluminal balloon angioplasty, percutaneous; venous*		*Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation*		*Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological*		*Thromb percuta arteriovenc autoge nonautoge*
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6	**GLOBAL PERIOD**			**XXX**	**XXX**	**ZZZ**	**ZZZ**	**000**	**000**	**XXX**	**XXX**	**000**	**000**	**090**
61	**POST-SERVICE Period**													
62	**Start: Patient leaves office/facility**													
63	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3			3				3	3	3
64	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
70	**Total Office Visit Time**			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**27**
71	Other Clinical Activity - *specify:*													
72	**End: with last office visit before end of global period**													
73	**MEDICAL SUPPLIES***	**CODE**	**UNIT**											
74	pack, minimum multi-specialty visit	SA048	pack	1				1				1		2
75	pack, conscious sedation	SA044	Item	1				1				1		
76	**kit, for percutaneous thrombolytic device (Trerotola)**	**SA015**	**kit**											**1**
77	kit, guidewire introducer (Micro-Stick)	SA016	kit											
78	kit, iv starter	SA019	kit											
79	tray, shave prep	SA067	tray	1								1		
80	kit, AccuStick II Introducer System with RO Marker	SA071	kit	1		1						1		
81	**stent, vascular, deployment system, Cordis SMART**	**SA103**	**item**									**1.5**		
82	cap, surgical (REDUCE by 1)	SB001	item	2				3				4		
83	drape, sterile, c-arm, fluoro	SB008	item	1						1				
84	drape, sterile, femoral	SB009	item	1								1		
85	drape, sterile, fenestrated 16in x 29in	SB011	item					1						
86	drape, sterile, three-quarter sheet	SB014	item					1						
87	drape-towel, sterile 18inx26in	SB019	item	4				2				4		
88	gloves, non-sterile (REDUCE by 1)	SB022	pair											
89	gloves, sterile	SB024	pair	2				1				3		3
90	gown, surgical, sterile	SB028	item	2				1				2		
91	mask, surgical (REDUCE by 1)	SB033	item											
92	mask, surgical, with face shield	SB034	item	2				2				4		
93	shoe covers, surgical (REDUCE by 1)	SB039	pair	2				3				4		
94	underpad 2ftx3ft (Chux)	SB044	item	2								1		
95	catheter, angiographic, pig-tail	SC008	item	1										
96	closed flush system, angiography	SC010	item	1								1		
97	stop cock, 3-way	SC049	item									1		
98	syringe 10-12ml	SC051	item									1		
99	syringe 20 ml	SC053	item											1
100	syringe 30 ml	SC054	item									1		
101	syringe 5-6 ml	SC057	item											
102	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2								2		
103	syringe, pressure (radiology)	SC060	item											
104	syringe-needle 3ml 22-26g	SC064	item											1
105	**catheter, thrombectomy-Fogarty**	**SD032**	**item**											**1**

	A	B	C	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ
1	**AT MEETING**			**CURRENT**		**CURRENT**		**CURRENT**		**CURRENT**		**CURRENT**		**CURR**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**36147**		**36148**		**35476**		**75978**		**37238**		**368**
3				*2009*		*2009*		*2012*		*2014*		*2013*		*20*
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**	*Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial*		*Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula);*		*Transluminal balloon angioplasty, percutaneous; venous*		*Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation*		*Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological*		*Thromb percuta arteriovenc autoge nonautoge*
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6	**GLOBAL PERIOD**			**XXX**	**XXX**	**ZZZ**	**ZZZ**	**000**	**000**	**XXX**	**XXX**	**000**	**000**	**090**
106	guidewire	SD088	item	1		1								2
107	guidewire, hydrophilic	SD089	item					1				1		
108	vascular sheath	SD136	item											2
109	catheter, (Glide)	SD147	item											
110	catheter, (SIM2F1)	SD148	item											
111	catheter, balloon inflation device	SD149	item					1				1		
112	**catheter, balloon, PTA**	**SD152**	**item**					**2**				**1**		
113	**catheter, microcatheter**	**SD154**	**item**											
114	guidewire bowl w-lid, sterile	SD171	item											
115	guidewire, cerebral (Bentson)	SD172	item											
116	guidewire, steerable (Hi-Torque)	SD174	item					1						
117	**guidewire, steerable (Transcend)**	**SD175**	**item**											
118	guidewire, torque	SD176	item					1						
119	sheath, peel away	SD206	item									1		
120	tubing, pressure injection line (angiography)	SD211	item											
121	Sterile Radio-opaque ruler	SD249	item									1		
122	guidewire, Amplatz wire 260 cm	SD252	Item											
123	**covered stent (VIABAHN, Gore)**	**SD254**	**item**											
124	blade, surgical (Bard-Parker)	SF007	item	1								1		
125	suture, nylon, 3-0 to 6-0, c	SF036	item											
126	suture, nylon	SF036	item											1
127	**Detachable coil**	**SF056**	**item**											
128	**non-detachable embolization coil**	**SF057**	**item**											
129	applicator, sponge-tipped	SG009	item	4								4		
130	dressing, 3in x 4in (Telfa, Release)	SG035	item											
131	dressing, 4in x 4.75 in (Tegaderm)	SG037	item											
132	gauze, sterile 4in x 4in	SG055	item	2		2						2		
133	steri-strip (6 strip uou)	SG074	item	1		1						1		1
134	tape, surgical paper 1in (Micropore)	SG079	item	6		6		6				6		
135	Hemostatic patch	SG095	item											
136	Conray Inj (iothalamate 43%)	SH026	ml	40										
137	heparin 1,000 units-ml inj	SH039	ml	5								5		5
138	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10		10						10		
139	sodium chloride 0.9% flush syringe	SH065	item	1								2		
140	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item											
141	povidone soln (Betadine)	SJ041	ml	60								60		
142	computer media, dvd	SK013	item											
143	film, x-ray 14inx17in	SK034	item											
144	patient education booklet	SK062	item											1
145	x-ray developer solution	SK089	oz											

	A	B	C	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ
1	**AT MEETING**			**CURRENT**		**CURRENT**		**CURRENT**		**CURRENT**		**CURRENT**		**CURR**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**36147**		**36148**		**35476**		**75978**		**37238**		**368**
3				*2009*		*2009*		*2012*		*2014*		*2013*		*20*
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**	*Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial*		*Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula);*		*Transluminal balloon angioplasty, percutaneous; venous*		*Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation*		*Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological*		*Thromb percuta arteriovenc autoger nonautoge*
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6	**GLOBAL PERIOD**			**XXX**	**XXX**	**ZZZ**	**ZZZ**	**000**	**000**	**XXX**	**XXX**	**000**	**000**	**090**
146	x-ray envelope	SK091	item											
147	x-ray fixer solution	SK092	oz											
148	x-ray ID card (flashcard)	SK093	item											
149	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	1						1		6		
150	sanitizing cloth-wipe (patient)	SM021	item											
151														
152	**EQUIPMENT**	**CODE**												
153	angiographic room	EL011		54		15		44		9		69		115
154	PACS Workstation Proxy	ED050		88						84		110		
155	table, instrument, mobile	EF027		119		15		277				302		122
156	stretcher chair	EF019												
157	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		119		15		277				302		122
158	IV infusion pump	EQ032		119		15		277				302		122
159	film printer, laser	ED032		4								5		
160	stretcher	EF018										242		
161	table, exam	EF023												142
162	exam lamp	EQ168						44						
163	oxygen tank	EQ192												
164	pulse oximeter	EQ211												
165	film alternator	ER029												
166														

	A	B	C	AK	AL	AM
1	**AT MEETING**			**RENT**	**CURRENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**370**	**37241**	
3				*00*	*2013*	
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**	*ectomy, neous, ous fistula, nous or nous graft*	*Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation,*	
5	**LOCATION**			**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**090**	**000**	**000**
7	**TOTAL CLINICAL LABOR TIME**			**93**	**374**	**6**
8	TOTAL PRE-SERV CLINICAL LABOR TIME			**60**	**15**	**6**
9	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*60*	*9*	*6*
10	*RT*	*L041A*	*AngioTech*		*6*	
11	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			**6**	**356**	**0**
12	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*6*	*38*	
13	*RT*	*L041A*	*AngioTech*		*178*	
14	*RN*	*L051A*	*RN*		*140*	
15	TOTAL POST-SERV CLINICAL LABOR TIME			**27**	**3**	**0**
16	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*27*	*3*	
17						
18	**PRE-SERVICE**					
19	**Start: Following visit when decision for surgery or procedure made**					
20	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	5	3	
21	Coordinate pre-surgery services	L037D	RN/LPN/MTA	20	3	
22	Schedule space and equipment in facility	L037D	RN/LPN/MTA	8		
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	20		
24	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	7	3	
25	Availability of prior images confirmed	L041A	AngioTech		6	
26	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041A	AngioTech			
27	Other Clinical Activity - *specify:*					
28	**End: When patient enters office/facility for surgery/procedure**					
29	**SERVICE PERIOD**					
30	**Start: When patient enters office/facility for surgery/procedure:**					
31	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA		3	
32	Obtain vital signs	L037D	RN/LPN/MTA		5	
33	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		5	
34	Prepare room, equipment, supplies	L037D	RN/LPN/MTA		7	
35	Setup scope (non facility setting only)					
36	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA		5	
37	Sedate/apply anesthesia	L051A	RN		2	
38	Other Clinical Activity - specify:					

	A	B	C	AK	AL	AM
1	**AT MEETING**			**RENT**	**CURRENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**370**	**37241**	
3				*00	*2013*	
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**	*ectomy, neous, ous fistula, nous or nous graft	*Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation,	
5	**LOCATION**			**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**090**	**000**	**000**
39	**Intra-service**					
40	Assist physician in performing procedure	L041A	AngioTech		90	
41	Assist physician/moderate sedation (% of physician time)	L051A	RN		90	
42	Aquire Images (75%)	L041A	AngioTech		68	
43	Circulator (25%)	L037D	RN/LPN/MTA		22	
44	**Post-Service**					
45	Monitor pt. following moderate sedation	L051A	RN		45	
46	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MTA			
47	Clean room/equipment by physician staff	L037D	RN/LPN/MTA		3	
48	Clean Scope					
49	Clean Surgical Instrument Package					
50	Complete diagnostic forms, lab & X-ray requisitions					
51	Review/read X-ray, lab, and pathology reports				3	
52	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA		3	
53	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041A	AngioTech		2	
54	Review examination with interpreting MD	L041A	AngioTech		2	
55	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041A	AngioTech		1	
56	Other Clinical Activity - *specify:*					
57	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			6	n/a	
58	Dischrg mgmt (1.0 x 99238) (enter 12 min)				n/a	
59	Dischrg mgmt (1.0 x 99239) (enter 15 min)				n/a	
60	**End: Patient leaves office**					

	A	B	C	AK	AL	AM
1	**AT MEETING**			**RENT**	**CURRENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**370**	**37241**	
3				*00 ectomy, neous, ous fistula, nous or nous graft*	*2013 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation,*	
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**			
5	**LOCATION**			**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**090**	**000**	**000**
61	**POST-SERVICE Period**					
62	**Start: Patient leaves office/facility**					
63	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		3	
64	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**
70	**Total Office Visit Time**			**27**	**0**	**0**
71	Other Clinical Activity - *specify:*					
72	**End: with last office visit before end of global period**					
73	**MEDICAL SUPPLIES***	**CODE**	**UNIT**			
74	pack, minimum multi-specialty visit	SA048	pack	1	1	
75	pack, conscious sedation	SA044	Item		1	
76	**kit, for percutaneous thrombolytic device (Trerotola)**	**SA015**	**kit**			
77	kit, guidewire introducer (Micro-Stick)	SA016	kit		1	
78	kit, iv starter	SA019	kit		1	
79	tray, shave prep	SA067	tray		1	
80	kit, AccuStick II Introducer System with RO Marker	SA071	kit		1	
81	**stent, vascular, deployment system, Cordis SMART**	**SA103**	**item**			
82	cap, surgical (REDUCE by 1)	SB001	item		4	
83	drape, sterile, c-arm, fluoro	SB008	item			
84	drape, sterile, femoral	SB009	item		1	
85	drape, sterile, fenestrated 16in x 29in	SB011	item			
86	drape, sterile, three-quarter sheet	SB014	item			
87	drape-towel, sterile 18inx26in	SB019	item		4	
88	gloves, non-sterile (REDUCE by 1)	SB022	pair			
89	gloves, sterile	SB024	pair		3	
90	gown, surgical, sterile	SB028	item		2	
91	mask, surgical (REDUCE by 1)	SB033	item			
92	mask, surgical, with face shield	SB034	item		4	
93	shoe covers, surgical (REDUCE by 1)	SB039	pair		4	
94	underpad 2ftx3ft (Chux)	SB044	item		1	
95	catheter, angiographic, pig-tail	SC008	item		1	
96	closed flush system, angiography	SC010	item		1	
97	stop cock, 3-way	SC049	item			
98	syringe 10-12ml	SC051	item		4	
99	syringe 20 ml	SC053	item		4	
100	syringe 30 ml	SC054	item			
101	syringe 5-6 ml	SC057	item		3	
102	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item		2	
103	syringe, pressure (radiology)	SC060	item		1	
104	syringe-needle 3ml 22-26g	SC064	item			
105	**catheter, thrombectomy-Fogarty**	**SD032**	**item**			

	A	B	C	AK	AL	AM
1	**AT MEETING**			**RENT**	**CURRENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**370**	**37241**	
3				*00 ectomy, neous, ous fistula, nous or nous graft*	*2013 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation,*	
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**			
5	**LOCATION**			**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**090**	**000**	**000**
106	guidewire	SD088	item			
107	guidewire, hydrophilic	SD089	item		1	
108	vascular sheath	SD136	item		1	
109	catheter, (Glide)	SD147	item		1	
110	catheter, (SIM2F1)	SD148	item		1	
111	catheter, balloon inflation device	SD149	item			
112	**catheter, balloon, PTA**	**SD152**	**item**			
113	**catheter, microcatheter**	**SD154**	**item**		**1**	
114	guidewire bowl w-lid, sterile	SD171	item		1	
115	guidewire, cerebral (Bentson)	SD172	item		1	
116	guidewire, steerable (Hi-Torque)	SD174	item			
117	**guidewire, steerable (Transcend)**	**SD175**	**item**		**1**	
118	guidewire, torque	SD176	item			
119	sheath, peel away	SD206	item			
120	tubing, pressure injection line (angiography)	SD211	item		1	
121	Sterile Radio-opaque ruler	SD249	item			
122	guidewire, Amplatz wire 260 cm	SD252	Item			
123	**covered stent (VIABAHN, Gore)**	**SD254**	**item**			
124	blade, surgical (Bard-Parker)	SF007	item			
125	suture, nylon, 3-0 to 6-0, c	SF036	item			
126	suture, nylon	SF036	item			
127	**Detachable coil**	**SF056**	**item**		**1**	
128	**non-detachable embolization coil**	**SF057**	**item**		**7**	
129	applicator, sponge-tipped	SG009	item		4	
130	dressing, 3in x 4in (Telfa, Release)	SG035	item		2	
131	dressing, 4in x 4.75 in (Tegaderm)	SG037	item		1	
132	gauze, sterile 4in x 4in	SG055	item		2	
133	steri-strip (6 strip uou)	SG074	item	1	1	
134	tape, surgical paper 1in (Micropore)	SG079	item		6	
135	Hemostatic patch	SG095	item		1	
136	Conray Inj (iothalamate 43%)	SH026	ml			
137	heparin 1,000 units-ml inj	SH039	ml		5	
138	lidocaine 1%-2% inj (Xylocaine)	SH047	ml		10	
139	sodium chloride 0.9% flush syringe	SH065	item		2	
140	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item			
141	povidone soln (Betadine)	SJ041	ml		60	
142	computer media, dvd	SK013	item			
143	film, x-ray 14inx17in	SK034	item			
144	patient education booklet	SK062	item	1		
145	x-ray developer solution	SK089	oz			

	A	B	C	AK	AL	AM
1	**AT MEETING**			**RENT**	**CURRENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**370**	**37241**	
3				*00	*2013*	
4	**Meeting Date:** January 2016 **Revised 1-13-2016** **Tab:** 14 Dialysis Circuit **Specialty:** ACR, RPA, SIR, SVS	**CMS Code**	**Staff Type**	*ectomy, neous, us fistula, nous or nous graft	*Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation,	
5	**LOCATION**			**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**090**	**000**	**000**
146	x-ray envelope	SK091	item			
147	x-ray fixer solution	SK092	oz			
148	x-ray ID card (flashcard)	SK093	item			
149	disinfectant, surface (Envirocide, Sanizide)	SM013	oz		1	
150	sanitizing cloth-wipe (patient)	SM021	item			
151						
152	**EQUIPMENT**	**CODE**				
153	angiographic room	EL011			107	
154	PACS Workstation Proxy	ED050			178	
155	table, instrument, mobile	EF027			272	
156	stretcher chair	EF019				
157	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011			272	
158	IV infusion pump	EQ032			272	
159	film printer, laser	ED032			5	
160	stretcher	EF018			272	
161	table, exam	EF023		27		
162	exam lamp	EQ168				
163	oxygen tank	EQ192				
164	pulse oximeter	EQ211				
165	film alternator	ER029				
166						

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported Together 75% or More

January 2016

Open and Percutaneous Transluminal Angioplasty

In January 2015, the Joint CPT/RUC Workgroup on Codes Reported Together Frequently identified codes 35475, 35476, 36147, 36148, 37236, 37238, 75791, 75962, and 75968 as being frequently reported together in various combinations. At the October 2015 CPT Editorial Panel meeting, the Panel approved the creation of four new codes and deletion of 13 codes to describe bundled percutaneous transluminal angioplasty services.

372X1 ***Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery***

The RUC reviewed the survey results from 78 practicing radiologists, interventional radiologists and vascular surgeons and agreed with the following physician time components: pre-service time of 31 minutes, intra-service time of 60 minutes and immediate post-service time of 28 minutes. The RUC agreed to add 2 minutes of pre-service positioning time to the standard pre-service time package to assist with adjusting the imaging table and anesthesia lines to ensure the physician can obtain all the necessary views required for the intervention.

The RUC reviewed the survey respondents' physician work values and agreed that the survey 25th percentile work RVU of 7.00 is appropriate. To justify a work RVU of 7.00, the RUC compared the surveyed code to the second key reference code 37211 *Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day* (work RVU= 8.00, intra time= 60 minutes) and noted that while both codes have identical intra-service time, the reference code has greater total time, 138 minutes compared to 119 minutes, and is justifiably valued higher than 372X1. The RUC also reviewed MPC code 52353 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)* (work RVU= 7.50, intra time= 60 minutes) and code 43264 *Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)* (work RVU= 6.73, intra time= 60 minutes) and agreed that both these services, with identical intra-service time and comparable physician work, the recommended value for 372X1 is relative to other similar services. **The RUC recommends a work RVU of 7.00 for CPT code 372X1.**

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372X2 ***Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery***

The RUC reviewed the survey results from 78 practicing radiologists, interventional radiologists and vascular surgeons and agreed with the median intra-service time of 30 minutes for this add-on procedure.

The RUC reviewed the survey respondents' physician work values and agreed that the survey 25th percentile work RVU of 3.50 is appropriate. To justify a work RVU of 3.50, the RUC compared the surveyed code to CPT codes 22512 *Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body* (work RVU= 4.00, intra time= 30 minutes) and 61783 *Stereotactic computer-assisted (navigational) procedure; spinal* (work RVU= 3.75, intra time= 30 minutes) and agreed that both these services, with identical intra-service time and comparable physician work, the recommended value for 372X2 is relative to other similar services. Furthermore, this service represents half the intra-service time of the base procedure 372X1 and thus represents half the work value as well. **The RUC recommends a work RVU of 3.50 for CPT code 372X2.**

372X3 ***Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein***

Prior to valuing this procedure, the RUC discussed compelling evidence that the work RVUs associated with the current reporting of this procedure may be undervalued. The RUC did note however that due to the bundling of procedures with this entire family, significant redistribution is occurring. The specialty societies noted that there will be a change in patient population for this procedure. The utilization of the former venous angioplasty code 35476 will be dispersed between the new bundled codes for dialysis and the new bundled codes for angioplasty. Based on 2014 Medicare utilization data, approximately 81% of the 35475 claims were for hemodialysis related procedures. These patients will be captured in the new dialysis bundle codes while the remaining 19% represent a new patient population that is distinctly different from the previous code. These venous angioplasties will involve mainly central venous stenoses and represent more work at a higher intensity compared to a venous angioplasty in a dialysis access. Given this evidence, the RUC accepted compelling evidence for CPT code 372X3.

The RUC reviewed the survey results from 78 practicing radiologists, interventional radiologists and vascular surgeons and agreed with the following physician time components: pre-service time of 31 minutes, intra-service time of 60 minutes and immediate post-service time of 28 minutes. The RUC agreed to add 2 minutes of pre-service positioning time to the standard pre-service time package to assist with adjusting the imaging table and anesthesia lines to ensure the physician can obtain all the necessary views required for the intervention.

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The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work RVU of 6.00 is appropriate. To justify a work RVU of 6.00, the RUC compared the surveyed code to the top two key reference codes 37238 *Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein* (work RVU= 6.29, intra time= 60 minutes) and 37212 *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day* (work RVU=7.06, intra time= 60 minutes) and agreed that both these services, with identical intra-service time and comparable physician work, the recommended value for 372X3 is relative to other similar services. **The RUC recommends a work RVU of 6.00 for CPT code 372X3.**

372X4 ***Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein***

The RUC reviewed the survey results from 78 practicing radiologists, interventional radiologists and vascular surgeons and agreed with the median intra-service time of 30 minutes for this add-on procedure.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work RVU of 2.97 is appropriate. To justify a work RVU of 2.97, the RUC compared the surveyed code to the top key reference code 37239 *Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein* (work RVU= 2.97, intra time= 30 minutes) and agreed that this reference code, with identical intra-service time, should be valued the same as 372X4. In addition, the RUC reviewed CPT codes 22515 *Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body* (work RVU= 4.00, intra time= 30 minutes) and 32668 *Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection* (work RVU= 3.00, intra time= 30 minutes) and agreed that both these services, with identical intra-service time and comparable physician work, the recommended value for 372X4 relative to other similar services. As was the case with the relationship between the arterial angioplasty base code and the associated add-on code, this venous angioplasty add-on code (372X4) represents half the intra-service time of the base code 372X3 and roughly half the work RVU. **The RUC recommends a work RVU of 2.97 for CPT code 372X4.**

Practice Expense:
The RUC approved the direct practice expense inputs as modified by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Arteries and Veins				
Fenestrated Endovascular Repair of the Visceral and Infrarenal Aorta				
34844		*including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])* (Do not report 34841, 34842, 34843, 34844 in conjunction with 34800, 34802, 34803, 34804, 34805, 34845, 34846, 34847, 34848, ~~35452, 35472,~~ 75952) *(Do not report 34841, 34842, 34843, 34844 in conjunction with 34839, when planning services are performed on the day before or the day of the fenestrated endovascular repair procedure)*		
34845		*Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)*		
34846		*including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])*		
34847		*including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])*		
34848		*including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])* (Do not report 34845, 34846, 34847, 34848 in conjunction with 34800, 34802, 34803, 34804, 34805, 34841, 34842, 34843, 34844, 35081, 35102, ~~35452, 35472,~~ 75952) *(Do not report 34845, 34846, 34847, 34848 in conjunction with 34839, when planning services are performed on the day before or the day of the fenestrated endovascular repair procedure)* *(Do not report 34841-34848 in conjunction with 37236, 37237 for bare metal or covered stents placed into the visceral branches within the endoprosthesis target zone)* *(For placement of distal extension prosthesis[es] terminating in the internal iliac, external iliac, or common femoral artery[s], see 34825-34826, 75953, 0254T, 0255T)* *(Use 34845, 34846, 34847, 34848 in conjunction with 37220, 37221, 37222, 37223, only when 37220, 37221, 37222, 37223 are performed outside the target treatment zone of the endoprosthesis)*		
Arteries and Veins				
Vascular Injection Procedures				
36215		*Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family (For catheter placement for coronary angiography, see 93454-93461)*		

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36216 *initial second order thoracic or brachiocephalic branch, within a vascular family*
36217 *initial third order or more selective thoracic or brachiocephalic branch, within a vascular family*
+36218 *additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)*

(Use 36218 in conjunction with 36216, 36217, 36225, 36226)

(For angiography, see 36222-36228, 75600-75774~~, 75791~~)

(For transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), see 372X1, 372X2)

37217 *Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation*

(*37217 includes open vessel exposure and vascular access closure, all access and selective catheterization of the vessel, traversing the lesion, and any radiological supervision and interpretation directly related to the intervention when performed, standard closure of arteriotomy by suture, and imaging performed to document completion of the intervention in addition to the intervention[s] performed. Carotid artery revascularization services [eg, 33891, 35301, 35509, 35510, 35601, 35606] performed during the same session may be reported separately, when performed)*

(Do not report 37217 in conjunction with 35201, ~~35458~~, 36221-36227, 372X1, 372X2~~75962~~ for ipsilateral services)

(For open or percutaneous transcatheter placement of intravascular cervical carotid artery stent[s], see 37215, 37216)

(For open or percutaneous antegrade transcatheter placement of innominate and/or intrathoracic carotid artery stent[s], use 37218)

(For open or percutaneous transcatheter placement of extracranial vertebral artery stent[s], see 0075T, 0076T)

(For transcatheter placement of intracranial stent[s], use 61635)

Arteries and Veins

Endovascular Revascularization (Open or Percutaneous, Transcatheter)

+37235 *with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*

(Use 37235 in conjunction with 37231)

Codes 372X1, 372X2, 372X3, 372X4 describe open or percutaneous transluminal balloon angioplasty (eg, conventional, low-profile, cutting, drug-coated balloon). Codes 372X1, 372X2 describe transluminal balloon angioplasty in an artery excluding the central nervous system (61630, 61635), coronary (92920-92944), pulmonary (92997, 92998), and lower extremities for occlusive disease (37220-37235. Codes 372X3 and 372X4 describe transluminal balloon angioplasty in a vein excluding the dialysis circuit (369X2, 369X5, 369X7) when approached through the ipsilateral dialysis access. Transluminal balloon angioplasty is inherent to stenting in the extracranial carotid and

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innominate arteries (37215, 37216, 37217, 37218), the peripheral arteries (37220-37237), and in peripheral veins (37238, 37239) and therefore is not separately reportable. Multiple angioplasties performed in a single vessel, including treatment of separate and distinct lesions within a single vessel, are reported with a single code. If a lesion extends across the margins of one vessel into another, but can be treated with a single therapy, the intervention should be reported only once. When additional, separate and distinct ipsilateral or contralateral vessels are treated in the same session, 372X2 and/or 372X4 may be reported as appropriate. Non-selective and/or selective catheterization (eg, 36005, 36010, 36011, 36012, 36200, 36215, 36216, 36217, 36218, 36245, 36246, 36247, 36248) is reported separately. Codes 372X1, 372X2, 372X3, 372X4 include radiological supervision and interpretation directly related to the intervention performed and imaging performed to document completion of the intervention. Extensive repair or replacement of an artery may be reported separately (eg, 35226 or 35286). Intravascular ultrasound may be reported separately (ie, 37252, 37253). Mechanical thrombectomy and/or thrombolytic therapy, when performed, may be reported (eg, 37184, 37185, 37186, 37187, 37188, 37211, 37212, 37213, 37214).				
D35450		~~Transluminal balloon angioplasty, open; renal or other visceral artery~~	~~000~~	N/A
D35452		~~aortic~~ ~~(Do not report 35452 in conjunction with 34841–34848)~~	~~000~~	N/A
D35458		~~brachiocephalic trunk or branches, each vessel~~ ~~(Do not report 35458 in conjunction with 37217 for ipsilateral services) (35459 has been deleted. To report, see 37228-37235)~~	~~000~~	N/A
D35460		~~venous~~ ~~(35450, 35452, 35458, 35460 have been deleted. To report, see 369X2, 369X5, 369X7, 372X1, 372X2, 372X3, 372X4)~~	~~000~~	N/A
D35471		~~Transluminal balloon angioplasty, percutaneous; renal or visceral artery~~	~~000~~	N/A
D35472		~~aortic~~ ~~(Do not report 35472 in conjunction with 34841–34848)~~	~~000~~	N/A

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D35475		~~brachiocephalic and branches, each vessel~~	~~000~~	N/A
D35476		~~venous~~ ~~(For radiological supervision and interpretation, use 75978)~~ ~~(35471, 35472, 35475, 35476 have been deleted. To report, see 369X2, 369X5, 369X7, 372X1, 372X2, 372X3, 372X4)~~	~~000~~	N/A
●372X1	P1	Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	000	7.00
+●372X2	P2	each additional artery (List separately in addition to code for primary procedure) (Use 372X2 in conjunction with 372X1) Do not report 372X1, 372X2 in conjunction with 37215, 37216, 37217, 37218, 37220-37237 when performed in the same artery during the same operative session) (Do not report 372X1, 372X2 in conjunction with 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848 for angioplasty(s) performed when placing bare metal or covered stents into the visceral branches within the endoprosthesis target zone)	ZZZ	3.50
●372X3	P3	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	000	6.00
+●372X4	P4	each additional vein (List separately in addition to code for primary procedure) (Use 372X4 in conjunction with 372X3) (Do not report 372X1, 372X2, 372X3, 372X4 in conjunction with 37238, 37239 when performed in the same vein during the same operative session)	ZZZ	2.97

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		(For transluminal balloon angioplasty in aorta/visceral artery(s) in conjunction with fenestrated endovascular repair, see 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848) (For transluminal balloon angioplasty in iliac, femoral, popliteal, or tibial/peroneal artery(s) for occlusive disease, see 37220-37235) (For transluminal balloon angioplasty in a dialysis circuit performed through the circuit, see 369X2, 369X3, 369X4, 369X5, 369X6, 369X7, 369X8) (For transluminal balloon angioplasty in an intracranial artery, see 61630, 61635) (For transluminal balloon angioplasty in a coronary artery, see 92920-92944) (For transluminal balloon angioplasty in a pulmonary artery, see 92997, 92998)		
D75791		~~Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation~~ ~~(Do not report 75791 in conjunction with 36147, 36148)~~ ~~(For introduction of catheter, if necessary, see 36140, 36215-36217, 36245-36247)~~ ~~(Use 75791 only if radiological evaluation is performed through an already existing access into the shunt or from an access that is not a direct puncture of the shunt~~ ~~(For radiological evaluation with needle/catheter introduction, AV dialysis shunt, complete procedure, use 36147)~~ (75791 has been deleted. To report, see 369X1, 369X2, 369X3, 369X4, 369X5, 369X6) (For radiologic supervision and interpretation of dialysis circuit angiography performed through existing access(es) or catheter-based arterial access, report 369X1 with modifier 52)	~~XXX~~	N/A

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D75962		~~Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation~~ ~~(For radiological supervision and interpretation for transluminal balloon angioplasty in iliac, femoral, popliteal, and tibial/peroneal arteries, see 37220-37235)~~ ~~(For procedure, see 35458, 35475)~~ ~~(Do not report 75962 in conjunction with 37217 for ipsilateral services)~~	~~XXX~~	N/A
D75964		~~Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)~~ ~~(Use 75964 in conjunction with 75962)~~	~~XXX~~	N/A
D75966		~~Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation~~	~~XXX~~	N/A
D75968		~~Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)~~ ~~(Use 75968 in conjunction with 75966)~~	~~XXX~~	N/A
D75978		~~Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation~~ ~~(For radiological supervision and interpretation of transluminal balloon angioplasty within the peripheral and/or central segments of a dialysis circuit performed through the dialysis circuitaccess, see 369X2, 369X5, 369X7)~~ ~~(For percutaneous transluminal coronary angioplasty, see 92920-92944)~~	~~XXX~~	N/A

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:372X1 Tracking Number P1 Original Specialty Recommended RVU: **7.00**
Presented Recommended RVU: **7.00**
Global Period: 000 RUC Recommended RVU: **7.00**

CPT Descriptor: Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old female with history of hypertension undergoes a magnetic resonance arteriogram that reveals fibromuscular dysplasia involving the right renal artery. The patient is referred for right renal angioplasty.

Percentage of Survey Respondents who found Vignette to be Typical: 79%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: A targeted H&P is performed. The proposed procedure is discussed with the patient and family and consent is obtained and documented. The patient is transported to the procedure room and placed supine on the procedure table.

Description of Intra-Service Work: The right common femoral artery access and sheath placement are performed. A catheter is advanced into the right renal artery. Diagnostic arteriography is performed (all separately reported). The diagnostic catheter and indwelling sheath are exchanged for a longer sheath that is advanced to the origin of the right renal artery. An angioplasty balloon is advanced through the sheath over the wire, and is placed across the right renal artery stenosis. The right renal artery stenoses are angioplastied, and the angioplasty balloon is removed. Post-angioplasty right renal arteriography is performed through the sheath to confirm dilation of the right renal artery stenoses, and exclude arterial extravasation. The sheath and wire are removed, and hemostasis is obtained with manual compression, or by a closure device.

Description of Post-Service Work: Sterile dressing is applied. Appropriate care orders are entered in the electronic medical record. The procedure is documented in the chart. The patient is transferred from the procedure table to the recovery area and monitored for 4 hours. The procedure outcome is discussed with the patient and family. The patent is discharged home with follow up care instructions.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Zeke Silva III, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology , Radiology and Vascular Surgery		
CPT Code:	372X1		
Sample Size:	2188	**Resp N:** 78	**Response:** 3.5 %
Description of Sample:	ACR selected a random sample of 375 from US/MD membership and targeted sample of 375 US/MD members self-designating interventional radiology (approved by Research SC). No responses were received from the random sample. SVS - 938 randomly selected US/MD members SIR - 500 randomly selected US/MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**16.00**	44.00	200.00
Survey RVW:	5.34	7.00	**8.68**	9.08	11.99
Pre-Service Evaluation Time:			**53.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	60.00	**60.00**	90.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	372X1	**Recommended Physician Work RVU: 7.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**23.00**	**33.00**	**-10.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**28.00**	**28.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37236	000	9.00	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37211	000	8.00	**RUC Time**

CPT Descriptor Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	21,631

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52353	000	7.50	**RUC Time**	16,401

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 33 **% of respondents:** 42.3 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 11.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 372X1	**Top Key Reference CPT Code:** 37236	**2nd Key Reference CPT Code:** **37211**
Median Pre-Service Time	31.00	41.00	48.00
Median Intra-Service Time	60.00	90.00	60.00
Median Immediate Post-service Time	28.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**119.00**	**161.00**	**138.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

Mental Effort and Judgment (Mean)

	Top Key Ref Code	**2nd Key Ref Code**
The number of possible diagnosis and/or the number of management options that must be considered	0.33	0.44
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.30	0.67
Urgency of medical decision making	0.15	0.00

Technical Skill/Physical Effort (Mean)

Technical skill required	0.21	0.33
Physical effort required	0.15	0.33

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.24	0.22
Outcome depends on the skill and judgment of physician	0.27	0.56
Estimated risk of malpractice suit with poor outcome	0.36	0.44

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.33	0.56

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In response to a 'codes reported together' screen, a CCP was written to create new coding convention to describe intervention and maintenance of hemodialysis access. Previous coding convention for angioplasty included 35475 *Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel* and 35476 *Transluminal balloon angioplasty, percutaneous; venous*, with separate radiologic supervision and interpretation including 75962 *Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation*, 75964 *Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)* and 75978 *Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation.* These codes did not differentiate between angioplasty done within a hemodialysis access from an angioplasty done within any other peripheral artery or vein. A joint work group consisting of SVS, SIR and ACR presented a new family of codes to describe intervention and maintenance of hemodialysis access at the October 2015 CPT meeting. The new family bundled angioplasty and radiologic supervision and interpretation of the dialysis circuit into the codes distinguishing them from the previous codes.

As a corollary, a second CCP was presented by SVS, SIR, and ACR at the October 2015 CPT addressing the residual angioplasty codes. Open and percutaneous arterial angioplasty codes (35450, 35452, 35458, 35471, 35472, and 35475), open and percutaneous venous angioplasty codes (35460, 35476), and angioplasty radiologic and supervision codes (75962, 75964, and 75978) will all be bundled into four new codes. The new

codes are 372X1 *Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery*, 372X2 *each additional artery*, 372X3 *Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein*, and 372X4 *each additional vein*.

Methodology

A multi-disciplinary expert panel including SVS, SIR, and ACR was convened. A survey was distributed randomly to the members of the representative societies. There were 78 surveys completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation for 372X1

We are recommending the 25th percentile survey value of 7.00 RVW for 372X1.

Pre- and Post-Service Time Packages

We recommend pre-service time package 2b (difficult patient/straightforward procedure with sedation) and post-service time package 8b (IV sedation/complex procedure) for 372X1 with the following adjustments:

> Evaluation: We recommend removing the 10 minutes of pre-service evaluation time associated with 'administer moderate sedation'. Moderate sedation will be separately reportable, when performed, using the new moderate sedation codes.
>
> Positioning: Package 2b positioning time is 1 minute. An additional 2 minutes (total=3) of pre-service positioning time for 372X1 is recommended to assist with adjusting the imaging table and anesthesia lines for appropriate positioning in order to be able to obtain all appropriately necessary views required for the intervention.

Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were 37236 *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery* (42%) and 37211 *Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day* (12%). These key references are similar to 372X1 in the sense that they are all endovascular procedure codes. CPT 37236 describes the work of placing a stent into a peripheral artery. It has 30 minutes more intra-service time compared to 372X1 resulting in an appropriately higher RVW. CPT 37211 describes the work of initiation of arterial thrombolysis. It has similar times to 372X1 but a higher intensity resulting in an appropriately higher RVW.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
37236 Key Ref	9.00	0.083	161	33	3	5	90	30
37211 Key Ref	8.00	0.105	138	40	3	5	60	30
372X1 Survey	7.00	0.096	119	23	3	5	60	28

This comparison with the two key reference services favorably supports our recommendation for the 25th percentile survey value of 7.00 RVW for CPT 372X1.

Comparison to Existing Value

Open and percutaneous angioplasty is currently reported with component coding using a 30000 code to describe the location and a 70000 code to describe the radiologic supervision and interpretation. There are 8 codes (35450, 35452, 35458, 35471, 35472, 35475, 75962, and 75966) that are being combined into 372X1. They have variable utilization and varied RVWs. To add further complexity, 79% of the previous CPT code 35475 will be incorporated into the new bundled hemodialysis codes.

CPT	RVW	2014 Utilization	Percent to X1		Weighted RVW
35450	10.05	68	100%	683	
35452	6.9	37	100%	255	
35458	9.48	753	100%	7138	
35471	10.05	2754	90%	24910	
35472	6.9	437	100%	3015	
35475	6.6	50192	17%	56315	
				92318	**7.50**
75962	0.54	49430	25%	6673	
75966	1.31	2445	100%	3203	
				9876	**0.67**
TOTAL					**8.17**

Thus a weighted calculation of the existing codes would predict an RVW for 372X1 of 8.17. This favorably supports our recommendation for the 25th percentile survey value of 7.00 RVW for CPT 372X1.

Comparison to MPC codes

New code 372X1 ranks appropriately between two MPC codes with similar intra-service times and intensities: 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included),* and 52353 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included).* 372X1 is appropriately valued between these two MPC codes.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
52352 MPC	6.75	0.118	118	33	5	15	45	20
372X1 Survey	7.00	0.096	119	23	3	5	60	28
52353 MPC	7.50	0.101	133	33	5	15	60	20

Conclusion

A multi-disciplinary survey of CPT 372X1 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, estimated existing value, and two MPC codes, we believe that the 25th percentile survey value of 7.00 RVW appropriately ranks CPT 372X1 relative to other services.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Non-selective and/or selective catheterization (eg, 36005, 36010-36015, 36200, 36215-36218, 36245-36248) is reported separately if performed. Intravascular ultrasound(37250,37251) may be reported separately, when performed.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35471 and 75966

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology/Interventional Radiology How often? Commonly

Specialty Vascular Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14,751 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See attached

Specialty Radiology/Inteventional Radiology Frequency 5753 Percentage 39.00 %

Specialty Vascular Surgery Frequency 5163 Percentage 35.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37211

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:372X2 Tracking Number P2 Original Specialty Recommended RVU: **3.50**
Presented Recommended RVU: **3.50**
Global Period: ZZZ RUC Recommended RVU: **3.50**

CPT Descriptor: Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old female with history of hypertension undergoes a magnetic resonance arteriogram that reveals fibromuscular dysplasia involving bilateral renal arteries. The patient is referred for bilateral renal angioplasties.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Subsequent to the primary procedure, attention is directed towards the left renal artery. The sheath is retracted into the abdominal aorta. The catheter is advanced into the left renal artery. Diagnostic arteriography is performed (all separately reported). The long sheath is advanced to the origin of the left renal artery. An angioplasty balloon is advanced through the sheath and over the wire, and is placed across the left renal artery stenoses. The left renal artery stenoses are angioplastied, and the angioplasty balloon is removed. Post-angioplasty left renal arteriography is performed through the sheath to confirm dilation of the left renal stenoses, and exclude arterial extravasation. The sheath and wire are removed, and hemostasis is obtained with manual compression, or by a closure device, and a sterile dressing is applied. Appropriate care orders are entered in the electronic medical record. The procedure is documented in the chart.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Zeke Silva III, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology , Radiology and Vascular Surgery		
CPT Code:	372X2		
Sample Size:	2188	**Resp N:** 78	**Response:** 3.5 %
Description of Sample:	ACR selected a random sample of 375 from US/MD membership and targeted sample of 375 US/MD members self-designating interventional radiology (approved by Research SC). No responses were received from the random sample. SVS - 938 randomly selected US/MD members SIR - 500 randomly selected US/MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**10.00**	22.00	140.00
Survey RVW:	2.09	3.50	**4.14**	5.00	12.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	20.00	**30.00**	45.00	120.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	372X2	**Recommended Physician Work RVU: 3.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37237	ZZZ	4.25	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37239	ZZZ	2.97	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	456,453

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	**RUC Time**	8,063

CPT Descriptor 2 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source

0.00

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 41 **% of respondents:** 52.5 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 17.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 372X2	Top Key Reference CPT Code: 37237	2nd Key Reference CPT Code: **37239**
Median Pre-Service Time	0.00	1.00	1.00
Median Intra-Service Time	30.00	45.00	30.00
Median Immediate Post-service Time	0.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**47.00**	**32.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

Mental Effort and Judgment (Mean)

	Top Key Ref Code	2nd Key Ref Code
The number of possible diagnosis and/or the number of management options that must be considered	0.15	0.21
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.22	0.21

Urgency of medical decision making	0.10	0.07

Technical Skill/Physical Effort (Mean)

Technical skill required	0.12	0.14
Physical effort required	0.10	0.21

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.20	0.50
Outcome depends on the skill and judgment of physician	0.20	0.29
Estimated risk of malpractice suit with poor outcome	0.29	0.43

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.17	0.29

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In response to a 'codes reported together' screen, a CCP was written to create new coding convention to describe intervention and maintenance of hemodialysis access. Previous coding convention for angioplasty included 35475 *Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel* and 35476 *Transluminal balloon angioplasty, percutaneous; venous,* with separate radiologic supervision and interpretation including 75962 *Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation,* 75964 *Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)* and 75978 *Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation.* These codes did not differentiate between angioplasty done within a hemodialysis access from an angioplasty done within any other peripheral artery or vein. A joint work group consisting of SVS, SIR and ACR presented a new family of codes to describe intervention and maintenance of hemodialysis access at the October 2015 CPT meeting. The new family bundled angioplasty and radiologic supervision and interpretation of the dialysis circuit into the codes distinguishing them from the previous codes.

As a corollary, a second CCP was presented by SVS, SIR, and ACR at the October 2015 CPT addressing the residual angioplasty codes. Open and percutaneous arterial angioplasty codes (35450, 35452, 35458, 35471, 35472, and 35475), open and percutaneous venous angioplasty codes (35460, 35476), and angioplasty radiologic and supervision codes (75962, 75964, and 75978) will all be bundled into four new codes. The new codes are 372X1 *Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery*, 372X2 *each additional artery*, 372X3 *Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein*, and 372X4 *each additional vein.*

Methodology

A multi-disciplinary expert panel including SVS, SIR, and ACR was convened. A survey was distributed randomly to the members of the representative societies. There were 78 surveys completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation for 372X2

We are recommending the 25th percentile survey value of 3.50 RVW for 372X2.

Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were 37237 *'Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)* (53%) and 37239 *Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)* (18%). These key references are similar to 372X2 in the sense that they are all endovascular procedure codes. They are both add on codes that describe the work of placing a stent, one into a peripheral artery, one into a vein. The arterial code has 15 minutes more intra-service time compared to 372X2 resulting in an appropriately higher RVW. The venous code has the same intra-service time but a lower intensity resulting in an appropriately lower RVW when compared to 372X2.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
37237 Key Ref	4.25	0.093	47	1			45	1
372X2 Survey	3.50	0.117	30				30	
37239 Key Ref	2.97	0.098	32	1			30	1

Thus comparison with the two key reference services favorably supports our recommendation for the 25th percentile survey value of 3.50 RVW for CPT 372X2.

Comparison to Existing Value

Open and percutaneous angioplasty is currently reported with component coding using a 30000 code to describe the location and a 70000 code to describe the radiologic supervision and interpretation. Partial utilization of 4 codes (35471, 35475, 75964, and 75968) will be combined to estimate the existing RVW for 372X2. Accounting for the 50% reduction with an additional code, the weighted value of the angioplasty

codes is divided by two before adding the radiologic supervision and interpretation for a total estimated existing value of 3.87 RVW.

CPT	RVW	2014 Utilization	Percent to X2		Weighted RVW
35471	10.05	2754	10%	2768	
35475	6.6	50192	4%	13251	
				16019	**7.02 (3.51)**
75968	0.36	216	100%	78	
75964	0.36	1965	100%	707	
				785	**0.36**
TOTAL					**3.87**

Thus a weighted calculation of the existing codes would predict an RVW for 372X2 of 3.87. This favorably supports our recommendation for the 25th percentile survey value of 3.50 RVW for CPT 372X2.

Comparison to MPC codes

New code 372X2 ranks appropriately between two MPC codes with similar intra-service times and intensities: 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service),* and 57267 *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure).* 372X2 is appropriately valued between these two MPC codes.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
99292 MPC	2.25	0.075	30				30	
372X2 Survey	3.50	0.117	30				30	
57267 MPC	4.88	0.108	45				45	

Conclusion

A multi-disciplinary survey of CPT 372X2 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, estimated existing value, and two MPC codes, we believe that the 25th percentile survey value of 3.50 RVW appropriately ranks CPT 372X2 relative to other services.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35471 and 75968

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology/Interventional Radiology How often? Commonly

Specialty Vascular Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,283
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See attached

Specialty radiology/interventional radiology Frequency 891 Percentage 39.02 %

Specialty vascular surgery Frequency 800 Percentage 35.04 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37211

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:372X3 Tracking Number P3 Original Specialty Recommended RVU: **6.00**
Presented Recommended RVU: **6.00**
Global Period: 000 RUC Recommended RVU: **6.00**

CPT Descriptor: Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old female with history of breast cancer and history of an infusion port that was removed after being in place for 1 year presents with bilateral upper extremity and facial edema. A magnetic resonance venogram reveals superior vena cava stenosis. The patient is referred for angioplasty of the superior vena cava.

Percentage of Survey Respondents who found Vignette to be Typical: 78%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: A targeted H&P is performed. The proposed procedure is discussed with the patient and family and consent is obtained and documented. The patient is transported to the procedure room and placed supine on the procedure table.

Description of Intra-Service Work: The right common femoral vein is punctured, a sheath is placed, a catheter and guidewire are negotiated across the superior vena cava stenosis and advanced to the right subclavian vein, and diagnostic venography is performed (all separately reported). An angioplasty balloon is advanced through the sheath and over the wire, and is placed across the superior vena cava stenosis. The superior vena cava stenosis is angioplastied, and the angioplasty balloon is removed. The catheter is advanced through the sheath into the right subclavian vein. Post-angioplasty central venography is performed through the catheter to confirm dilation of the superior vena cava, and exclude venous extravasation. The sheath, catheter and wire are removed, and hemostasis is obtained with manual compression.

Description of Post-Service Work: A sterile dressing is applied. Appropriate care orders are entered in the electronic medical record. The procedure is documented in the chart. The patient is transferred from the procedure table to the recovery area and monitored for 2 hours. The procedure outcome is discussed with the patient and family. The patent is discharged home with follow up care instructions.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016					
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Zeke Silva III, MD and Kurt Schoppe, MD					
Specialty(s):	Interventional Radiology , Radiology and Vascular Surgery					
CPT Code:	372X3					
Sample Size:	2188	**Resp N:**	78	**Response:** 3.5 %		
Description of Sample:	ACR selected a random sample of 375 from US/MD membership and targeted sample of 375 US/MD members self-designating interventional radiology (approved by Research SC). No responses were received from the random sample. SVS - 938 randomly selected US/MD members SIR - 500 randomly selected US/MD members					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**15.00**	40.00	800.00
Survey RVW:	4.50	6.00	**6.50**	8.48	11.99
Pre-Service Evaluation Time:			**48.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	45.00	**60.00**	75.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2b-FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	372X3	**Recommended Physician Work RVU: 6.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**23.00**	**33.00**	**-10.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**28.00**	**28.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37238	000	6.29	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37212	000	7.06	**RUC Time**

CPT Descriptor Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,688

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	21,631

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 34 **% of respondents:** 43.5 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 14.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 372X3	Top Key Reference CPT Code: 37238	2nd Key Reference CPT Code: 37212
Median Pre-Service Time	31.00	41.00	48.00
Median Intra-Service Time	60.00	60.00	60.00
Median Immediate Post-service Time	28.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**119.00**	**131.00**	**138.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.21	0.27
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.21	0.45
Urgency of medical decision making	0.00	-0.09

Technical Skill/Physical Effort (Mean)

Technical skill required	-0.06	0.45
Physical effort required	0.03	0.27

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.06	0.18
Outcome depends on the skill and judgment of physician	0.15	0.36
Estimated risk of malpractice suit with poor outcome	0.15	0.36

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.03	0.45

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In response to a 'codes reported together' screen, a CCP was written to create new coding convention to describe intervention and maintenance of hemodialysis access. Previous coding convention for angioplasty included 35475 *Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel* and 35476 *Transluminal balloon angioplasty, percutaneous; venous*, with separate radiologic supervision and interpretation including 75962 *Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation*, 75964 *Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)* and 75978 *Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation.* These codes did not differentiate between angioplasty done within a hemodialysis access from an angioplasty done within any other peripheral artery or vein. A joint work group consisting of SVS, SIR and ACR presented a new family of codes to describe intervention and maintenance of hemodialysis access at the October 2015 CPT meeting. The new family bundled angioplasty and radiologic supervision and interpretation of the dialysis circuit into the codes distinguishing them from the previous codes.

As a corollary, a second CCP was presented by SVS, SIR, and ACR at the October 2015 CPT addressing the residual angioplasty codes. Open and percutaneous arterial angioplasty codes (35450, 35452, 35458, 35471, 35472, and 35475), open and percutaneous venous angioplasty codes (35460, 35476), and angioplasty radiologic and supervision codes (75962, 75964, and 75978) will all be bundled into four new codes. The new

codes are 372X1 *Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery*, 372X2 *each additional artery*, 372X3 *Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein*, and 372X4 *each additional vein*.

Methodology

A multi-disciplinary expert panel including SVS, SIR, and ACR was convened. A survey was distributed randomly to the members of the representative societies. There were 78 surveys completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation for 372X3

We are recommending the 25th percentile survey value of 6.00 RVW for 372X3, which is an increase in value over existing.

Compelling Evidence

We believe that there is compelling evidence to recommend an increase in value for 372X3 based on a *new patient population*. The utilization of the former venous angioplasty code 35476 will be dispersed between the new bundled codes for dialysis and the new bundled codes for angioplasty. Based on 2014 Medicare utilization data, approximately 81% of the 35475 claims were for hemodialysis related procedures. These patients will be captured in the new dialysis bundle codes while the remaining 19% represent *a new patient population* that is distinctly different from the previous code. These venous angioplasties will involve mainly central venous stenoses and represent more work at a higher intensity compared to a venous angioplasty in a dialysis access.

Pre- and Post-Service Time Packages

We recommend pre-service time package 2b (difficult patient/straightforward procedure with sedation) and post-service time package 8b (IV sedation/complex procedure) for 372X3 with the following adjustments:

> Evaluation: We recommend removing the 10 minutes of pre-service evaluation time associated with 'administer moderate sedation'. Moderate sedation will be separately reportable, when performed, using the new moderate sedation codes.
>
> Positioning: Package 2b positioning time is 1 minute. An additional 2 minutes (total=3) of pre-service positioning time for 372X3 is recommended to assist with adjusting the imaging table and anesthesia lines for appropriate positioning in order to be able to obtain all appropriately necessary views required for the intervention.

Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were 37238 *Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein* (44%) and 37212 *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day* (14%). These key references are similar to 372X3 in the sense that they are all endovascular procedure codes. CPT 37238 describes the work of placing a venous stent. It has identical intra time but a slightly higher intensity when compared to 372X3 resulting in an appropriately higher RVW. CPT 37212 describes the work of initiation of venous thrombolysis. It has similar times to 372X3 but a higher intensity resulting in an appropriately higher RVW.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
37238 Key Ref	6.29	0.080	131	33	3	5	60	30
37212 Key Ref	7.06	0.090	138	40	3	5	60	30
372X3 Survey	6.00	0.079	119	23	3	5	60	28

This comparison with the two key reference services favorably supports our recommendation for the 25th percentile survey value of 6.00 RVW for CPT 372X3.

Comparison to Existing Value

Open and percutaneous angioplasty is currently reported with component coding using a 30000 codes to describe the location and a 70000 code to describe the radiologic supervision and interpretation. There are 3 codes (35460, 35476, and 75978) that are being combined into 372X3. They have variable utilization and varied RVWs. To add further complexity, roughly 80% of the previous CPT codes 35476 and 75978 will be incorporated into the new bundled hemodialysis codes.

CPT	RVW	2014 Utilization	Percent to X3		Weighted RVW
35460	6.03	3544	100%	21370	
35476	5.10	281365	15%	215666	
				237037	**5.18**
75978	0.54	281464	16%	24318	**0.54**
TOTAL					**5.72**

Thus a weighted calculation of the existing codes would predict an RVW for 372X3 of 5.72. This favorably supports our recommendation for the 25th percentile survey value of 6.00 RVW for CPT 372X3.

Comparison to MPC codes

New code 372X3 ranks appropriately between two MPC codes with similar intra-service times and intensities: 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm),* and 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included).* 372X3 is appropriately valued between these two MPC codes.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
52235 MPC	5.44	0.098	94	19	5	5	45	20
372X3 Survey	6.00	0.079	119	23	3	5	60	28
52352 MPC	6.75	0.118	118	33	5	15	45	20

Conclusion

A multi-disciplinary survey of CPT 372X3 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, estimated existing value, and two MPC codes, we believe that the 25th percentile survey value of 6.00 RVW appropriately ranks CPT 372X3 relative to other services.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Non-selective and/or selective catheterization (eg, 36005, 36010-36015, 36200, 36215-36218, 36245-36248) is reported separately if performed. Intravascular ultrasound(37250,37251) may be reported separately, when performed.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35476 and 75978

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology/Interventional Radiology How often? Commonly

Specialty Vascular Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. A national number is not known

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 45,849 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See attached

Specialty radiology/interventional radiology Frequency 17882 Percentage 39.00 %

Specialty vascular surgery Frequency 16048 Percentage 35.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37211

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:372X4 Tracking Number P4 Original Specialty Recommended RVU: **2.97**
Presented Recommended RVU: **2.97**
Global Period: ZZZ RUC Recommended RVU: **2.97**

CPT Descriptor: Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old female with history of right breast cancer and history of a left-sided infusion port that was removed after being in place for 1 year presents with bilateral upper extremity (left greater than right) and facial edema. A magnetic resonance venogram reveals left subclavian vein stenosis and superior vena cava stenosis. The patient is referred for angioplasty of the left subclavian vein and superior vena cava.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Subsequent to the primary procedure, attention is directed towards the superior vena cava stenosis. A larger angioplasty balloon is advanced through the sheath and over the wire, and is placed across the superior vena cava stenosis. The superior vena cava stenosis is angioplastied, and the angioplasty balloon is removed. The catheter is advanced through the sheath into the left subclavian vein. Post-angioplasty central venography is performed through the catheter to confirm dilation of the superior vena cava, and exclude venous extravasation. The sheath, catheter and wire are removed, hemostasis is obtained with manual compression, and a sterile dressing is applied. Appropriate care orders are entered in the electronic medical record. The procedure is documented in the chart.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Hall, MD, Jerry Niedzwiecki, MD, Zeke Silva III, MD and Kurt Schoppe, MD		
Specialty(s):	Interventional Radiology , Radiology and Vascular Surgery		
CPT Code:	372X4		
Sample Size:	2188	**Resp N:** 78	**Response:** 3.5 %
Description of Sample:	ACR selected a random sample of 375 from US/MD membership and targeted sample of 375 US/MD members self-designating interventional radiology (approved by Research SC). No responses were received from the random sample. SVS - 938 randomly selected US/MD members SIR - 500 randomly selected US/MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**10.00**	23.00	200.00
Survey RVW:	2.09	2.97	**3.00**	4.50	9.20
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	20.00	**30.00**	35.00	120.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	372X4	**Recommended Physician Work RVU: 2.97**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37239	ZZZ	2.97	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37237	ZZZ	4.25	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99292	ZZZ	2.25	**RUC Time**	456,453

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	**RUC Time**	8,063

CPT Descriptor 2 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source

0.00

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 40 **% of respondents:** 51.2 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 17.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 372X4	Top Key Reference CPT Code: 37239	2nd Key Reference CPT Code: 37237
Median Pre-Service Time	0.00	1.00	1.00
Median Intra-Service Time	30.00	30.00	45.00
Median Immediate Post-service Time	0.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**32.00**	**47.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.21	0.15
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.21	0.22

Urgency of medical decision making	0.07	0.10

Technical Skill/Physical Effort (Mean)

Technical skill required	0.14	0.12
Physical effort required	0.21	0.10

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.50	0.20
Outcome depends on the skill and judgment of physician	0.29	0.20
Estimated risk of malpractice suit with poor outcome	0.43	0.29

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.29	0.17

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In response to a 'codes reported together' screen, a CCP was written to create new coding convention to describe intervention and maintenance of hemodialysis access. Previous coding convention for angioplasty included 35475 *Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel* and 35476 *Transluminal balloon angioplasty, percutaneous; venous,* with separate radiologic supervision and interpretation including 75962 *Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation,* 75964 *Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)* and 75978 *Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation.* These codes did not differentiate between angioplasty done within a hemodialysis access from an angioplasty done within any other peripheral artery or vein. A joint work group consisting of SVS, SIR and ACR presented a new family of codes to describe intervention and maintenance of hemodialysis access at the October 2015 CPT meeting. The new family bundled angioplasty and radiologic supervision and interpretation of the dialysis circuit into the codes distinguishing them from the previous codes.

As a corollary, a second CCP was presented by SVS, SIR, and ACR at the October 2015 CPT addressing the residual angioplasty codes. Open and percutaneous arterial angioplasty codes (35450, 35452, 35458, 35471, 35472, and 35475), open and percutaneous venous angioplasty codes (35460, 35476), and angioplasty radiologic and supervision codes (75962, 75964, and 75978) will all be bundled into four new codes. The new codes are 372X1 *Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery*, 372X2 *each additional artery*, 372X3 *Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein,* and 372X4 *each additional vein.*

Methodology

A multi-disciplinary expert panel including SVS, SIR, and ACR was convened. A survey was distributed randomly to the members of the representative societies. There were 78 surveys completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation for 372X4

We are recommending the 25th percentile survey value of 2.97 RVW for 372X4.

Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were 37239 *Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)* (51%) and 37237 *'Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)* (18%). These key references are similar to 372X4 in the sense that they are all endovascular procedure codes. They are both add on codes that describe the work of placing a stent, one into a vein and one into an artery. The arterial code has 15 minutes more intra-service time compared to 372X4 resulting in an appropriately higher RVW. The venous code has the almost identical time and intensity when compared to 372X4.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
37239 Key Ref	2.97	0.098	32	1			30	1
372X4 Survey	2.97	0.099	30				30	
37237 Key Ref	4.25	0.093	47	1			45	1

Thus comparison with the two key reference services favorably supports our recommendation for the 25th percentile survey value of 2.97 RVW for CPT 372X4.

Comparison to Existing Value

Open and percutaneous angioplasty is currently reported with component coding using a 30000 codes to describe the location and a 70000 code to describe the radiologic supervision and interpretation. Partial utilization of 2 codes (35476 and 75978) will be combined to estimate the existing RVW for 372X4. Accounting for the 50% reduction with an additional code, the weighted value of the angioplasty code is

divided by two before adding the radiologic supervision and interpretation for a total estimated existing value of 3.10 RVW.

CPT	RVW	2014 Utilization	Percent to X4		Weighted RVW
35476	5.10	281365	4%	57511	**5.11 (2.56)**
75978	0.54	281464	4%	6080	**0.54**
TOTAL					**3.10**

Thus a weighted calculation of the existing codes would predict an RVW for 372X4 of 3.10. This favorably supports our recommendation for the 25th percentile survey value of 2.97 RVW for CPT 372X4.

Comparison to MPC codes

New code 372X4 ranks appropriately between two MPC codes with similar intra-service times and intensities: 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service),* and 57267 *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure).* 372X4 is appropriately valued between these two MPC codes.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
99292 MPC	2.25	0.075	30				30	
372X4 Survey	2.97	0.099	30				30	
57267 MPC	4.88	0.108	45				45	

Conclusion

A multi-disciplinary survey of CPT 372X4 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, estimated existing value, and two MPC codes, we believe that the 25th percentile survey value of 2.97 RVW appropriately ranks CPT 372X4 relative to other services.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35476 and 75978

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology/Interventional Radiology How often? Commonly

Specialty Vascular Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11,255 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. See attached

Specialty radiology/interventional radiology Frequency 4390 Percentage 39.00 %

Specialty vascular surgery Frequency 3940 Percentage 35.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37211

SS Rec Summary

ISSUE: Open and Percutaneous Transluminal Angioplasty

TAB: 15

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	37236	Transcatheter placement of an intravascular stent(s) (except lower e	33	0.083			9.00			161	33	3	5			90			30					
2nd REF	37211	Transcatheter therapy, arterial infusion for thrombolysis other than	9	0.105			8.00			138	40	3	5			60			30					
CURRENT	35471	Transluminal balloon angioplasty, percutaneous; renal or visceral artery		0.077			10.05			230						90			140					
CURRENT	75966	Transluminal balloon angioplasty, renal or other visceral artery, radiologic		#DIV/0!			1.31			25														
SVY	372X1	Transluminal balloon angioplasty (except lower extremity artery(s) f	78	0.108	5.34	7.00	8.68	9.08	11.99	168	53	10	15	20	60	60	90	240	30	0	5	16	44	200
REC				0.096			7.00			119	23	3	5			60			28					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	37237	Transcatheter placement of an intravascular stent(s) (except lower e	41	0.093			4.25			47	1					45			1					
2nd REF	37239	Transcatheter placement of an intravascular stent(s), open or percu	14	0.098			2.97			32	1					30			1					
CURRENT	35471	Transluminal balloon angioplasty, percutaneous; renal or visceral artery		0.077			10.05			230						90			140					
CURRENT	75968	Transluminal balloon angioplasty, each additional visceral artery, radiolog		#DIV/0!			0.36			9														
SVY	372X2	each additional artery	78	0.138	2.09	3.50	4.14	5.00	12.00	30				10	20	30	45	120		0	4	10	22	140
REC				0.117			3.50			30						30								

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	37238	Transcatheter placement of an intravascular stent(s), open or percu	34	0.080			6.29			131	33	3	5			60			30					
2nd REF	37212	Transcatheter therapy, venous infusion for thrombolysis, any metho	11	0.090			7.06			138	40	3	5			60			30					
CURRENT	35476	Transluminal balloon angioplasty, percutaneous; venous		0.118			5.10			81	17	4	5			35			20					
CURRENT	75978	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radio		#DIV/0!			0.54			12														
SVY	372X3	Transluminal balloon angioplasty (except dialysis circuit), open or p	78	0.073	4.50	6.00	6.50	8.48	11.99	163	48	10	15	20	45	60	75	240	30	0	5	15	40	800
REC				0.079			6.00			119	23	3	5			60			28					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	37239	Transcatheter placement of an intravascular stent(s), open or percu	40	0.098			2.97			32	1					30			1					
2nd REF	37237	Transcatheter placement of an intravascular stent(s) (except lower e	14	0.093			4.25			47	1					45			1					
CURRENT	35476	Transluminal balloon angioplasty, percutaneous; venous		0.118			5.10			81	17	4	5			35			20					
CURRENT	75978	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radio		#DIV/0!			0.54			12														
SVY	372X4	each additional vein	78	0.100	2.09	2.97	3.00	4.50	9.20	30				10	20	30	35	120		0	3	10	23	200
REC				0.099			2.97			30						30								

Tab #13
Tab #14
Tab #15
Tab #38
Tab #47
Tab Number

Mechanochemical (MOCA) Vein Ablation
Dialysis Circuit
Open and Percutaneous Transluminal Angioplasty
Intracranial Endovascular Intervention
Non-invasive Physiologic Studies of Extremity Veins
Issue

364X1 & 364X2
369X1-X9
372X1-372X4
61640-61642
93965
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Michael Hall, MD
Printed Signature

The Society of Interventional Radiology (SIR)
Specialty Society

December 14, 2015
Date

Tab #13
Tab #14
Tab #15
Tab #47
Tab Number

Mechanochemical (MOCA) Vein Ablation
Dialysis Circuit
Open and Percutaneous Transluminal Angioplasty
Non-invasive Physiologic Studies of Extremity Veins
Issue

364X1 & 364X2
369X1-X9
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Signature

Matthew Sideman, MD
Printed Signature

The Society for Vascular Surgery (SVS)
Specialty Society

December 14, 2015
Date

14
15
20
38
39
47
Tab Number

Dialysis Circuit
Open and Percutaneous Transluminal Angioplasty
Mammography-Computer Aided Detection Bundling
Intracranial Endovascular Intervention
MRI Face
Non-invasive Physiologic Studies of Extremity Veins
Issue

369X1-369X9
372X1-372X4
770X1-770X3
61640-61642
70540, 70542-70543
93965
Code Range

Attestation Statement

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Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

December 15, 2015
Date

14
15
20
38
39
47
Tab Number

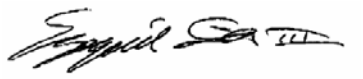
Dialysis Circuit
Open and Percutaneous Transluminal Angioplasty
Mammography-Computer Aided Detection Bundling
Intracranial Endovascular Intervention
MRI Face
Non-invasive Physiologic Studies of Extremity Veins
Issue

369X1-369X9
372X1-372X4
770X1-770X3
61640-61642
70540, 70542, 70543
93965
Code Range

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Signature

Ezequiel Silva III, MD, FACR
Printed Signature

American College of Radiology
Specialty Society

December 15, 2015
Date

CPT Code(s): 372X1-X4
Specialty Society('s): SIR, ACR and SVS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

Global Period: '000 **January 2016**

372X1	Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery
372X3	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein

Global Period: 'ZZZ **January 2016**

372X2	each additional artery
372X4	each additional vein

---

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

SIR, ACR and SVS convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this new open and percutaneous angioplasty family of codes.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The open and percutaneous angioplasty tab includes four new bundled procedures. We have included the direct practice expense inputs for the codes that are currently used to report these services. We have also included the moderate sedation practice expense inputs approved at the September 2015 meeting (pending at CMS). Finally, we have also included the direct PE inputs for CPT Code 37236 *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery* a reference code for this new tab.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

372X1 and 372X2

We believe there is extensive use of clinical staff time for these Transluminal balloon angioplasty codes. However, we are recommending 6 minutes of nurse blend pre service time instead of the standard 30 minutes.

Pre Service Time
Coordinate pre-surgery services and Schedule space/equipment in facility
We are recommending 6 minutes of pre service time (3 for each of the tasks listed above). We believe our recommendations appropriately reflect the minimal use of clinical staff for these activities.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Coordinate pre-surgery services
Schedule space and equipment in facility

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

Conduct phone calls/call in prescriptions

CPT Code(s): 372X1-X4
Specialty Society('s): SIR, ACR and SVS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

Global Period: '000 **January 2016**

372X1	Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery
372X3	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein

Global Period: 'ZZZ **January 2016**

372X2	each additional artery
372X4	each additional vein

---

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

SIR, ACR and SVS convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this new open and percutaneous angioplasty family of codes.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The open and percutaneous angioplasty tab includes four new bundled procedures. We have included the direct practice expense inputs for the codes that are currently used to report these services. We have also included the moderate sedation practice expense inputs approved at the September 2015 meeting (pending at CMS). Finally, we have also included the direct PE inputs for CPT Code 37236 *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery* a reference code for this new tab.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We believe there is extensive use of clinical staff time for these Transluminal balloon angioplasty codes. However, we are recommending 9 minutes of nurse blend pre service time instead of the standard 18 minutes. We believe our recommendations appropriately reflect the minimal use of clinical staff for these activities.

Pre Service Time

- *Complete pre-service diagnostic & referral forms*
- *Coordinate pre-surgery services*
- *Follow-up phone calls & prescriptions*

Prepare and Position Patient
We are requesting three extra minutes of positioning time to move leads out of X-ray field, check that X-ray is not obstructed and that there is no risk of collision of X-ray equipment with patient.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic & referral forms
Coordinate pre-surgery services
Phone calls and prescriptions
Availability of prior images confirmed and reviewed
Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:

Prepare room, equipment, supplies
Patient is greeted, gowned and escorted into procedure room
Vital signs obtained
Prepare and position patient prone on table / obtain vitals / set up IV / monitor patient
Sterile prep performed and draping of target site
Assist physician in performing procedure
Monitor pt. following service/check tubes, monitors, drains *(not related to moderate sedation)*
Clean room/equipment by physician staff
Technologist archives and QC's images to/in PACS, checking for all images and dose page
Review examination with interpreting MD
Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

Conduct phone calls/call in prescriptions

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	**AT MEETING**			**REFERENCE CODE**		**Recommendations**		**Recommendations**		**Recommendations**		**Recommendations**		**MODERATE SEDATION**				**CURRENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**37236**		**372X1**		**372X2**		**372X3**		**372X4**		**991X2X**		**991X5X**		**35471**	
3				2013		35471+75966		35471+75968		35476+75978		35476+75978		**RUC Approved September 2015 - CMS Pending**					
4	**Meeting Date:** January 2016 **REVISED 1-13-2016** **Tab:** 15 Open and Percutaneous Transluminal Angioplasty **Specialty:** ACR, SIR, SVS	**CMS Code**	**Staff Type**	*Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid,*		*Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis*		*each additional artery*		*Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision*		*each additional vein*		*Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the*		*Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the*		*Transluminal balloon angioplasty, percutaneous; renal or visceral artery*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**000**	**000**
7	**TOTAL CLINICAL LABOR TIME**			**386**	**9**	**212**	**9**	**60**	**0**	**182**	**9**	**60**	**0**	**32**	**0**	**15**	**0**	**272**	**0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**15**	**6**	**13**	**6**	**0**	**0**	**13**	**6**	**0**	**0**	**0**	**0**	**0**	**0**	**9**	**0**
9	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*9*	*6*	*9*	*6*	*0*	*0*	*9*	*6*	*0*	*0*	*0*		*0*		*9*	
10	*Angio Tech*	*L041B*	*AngioTech*	*6*	*0*	*4*		*0*		*4*		*0*		*0*		*0*			
11	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**368**	**0**	**196**	**0**	**60**	**0**	**166**	**0**	**60**	**0**	**32**	**0**	**15**	**0**	**260**	**0**
12	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*53*		*86*		*7*		*56*		*7*		*0*		*0*		*18*	
13	*Angio Tech*	*L041B*	*AngioTech*	*163*		*110*		*53*		*110*		*53*		*0*		*0*		*81*	
14	*RN*	*L051A*	*RN*	*152*		*0*		*0*		*0*		*0*		*32*		*15*		*161*	
15	**TOTAL POST-SERV CLINICAL LABOR TIME**			**3**	**3**	**3**	**3**	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**0**	**3**	**0**
16	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*3*	*3*	*3*	*3*	*0*		*3*	*3*	*0*		*0*		*0*		*3*	
17																			
18	**PRE-SERVICE**																		
19	**Start: Following visit when decision for surgery or procedure made**																		
20	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3	3	3				3								3	
21	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3		3	3			3	3							3	
22	Schedule space and equipment in facility	L037D	RN/LPN/MTA		3		3				3								
23	Provide pre-service education/obtain consent																		
24	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3		3				3								3	
25	Availability of prior images confirmed	L041B	AngioTech	6		2				2									
26	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	AngioTech			2				2									
27	Other Clinical Activity - *specify:*																		
28	**End: When patient enters office/facility for surgery/procedure**																		
29	**SERVICE PERIOD**																		
30	**Start: When patient enters office/facility for surgery/procedure:**																		
31	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3				3								5	
32	Obtain vital signs	L037D	RN/LPN/MTA	5		5				5								5	
33	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	5		5				5								5	
34	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	7		2				2								4	
35	Setup scope (non facility setting only)																		
36	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	5		5				5								2	
37	Sedate/apply anesthesia	L051A	RN	2										2				2	
38	Other Clinical Activity - specify:																		
39	**Intra-service**																		
40	Assist physician in performing procedure	L041B	AngioTech	90		60		30		60		30						72	
41	Assist physician/moderate sedation (% of physician time)	L051A	RN	90										15		15		90	
42	Aquire Images (75%)	L041B	AngioTech	68		45		23		45		23							
43	Circulator (25%)	L037D	RN/LPN/MTA	22		15		7		15		7							
44																			
45	**Post-Service**																		
46	Monitor pt. following moderate sedation	L051A	RN	60										15				21	
47	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN			45				15									
48	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3				3								3	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	**AT MEETING**			**REFERENCE CODE**		**Recommendations**		**Recommendations**		**Recommendations**		**Recommendations**		**MODERATE SEDATION**				**CURRENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**37236**		**372X1**		**372X2**		**372X3**		**372X4**		**991X2X**		**991X5X**		**35471**	
3				2013		35471+75966		35471+75968		35476+75978		35476+75978		**RUC Approved September 2015 - CMS Pending**					
4	**Meeting Date:** January 2016 **REVISED 1-13-2016** **Tab:** 15 Open and Percutaneous Transluminal Angioplasty **Specialty:** ACR, SIR, SVS	**CMS Code**	**Staff Type**	*Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid,*		*Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis*		*each additional artery*		*Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision*		*each additional vein*		*Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the*		*Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the*		*Transluminal balloon angioplasty, percutaneous; renal or visceral artery*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**000**	**000**
49	Clean Scope																		
50	Clean Surgical Instrument Package																		
51	Complete diagnostic forms, lab & X-ray requisitions																		
52	Review/read X-ray, lab, and pathology reports																		
53	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		3				3								3	
54	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	AngioTech	2		2				2									
55	Review examination with interpreting MD	L041B	AngioTech	2		2				2									
56	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	AngioTech	1		1				1									
57	Other Clinical Activity - *specify:*																		
58	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a						n/a	
59	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a						n/a	
60	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a						n/a	
61	**End: Patient leaves office**																		
62	**POST-SERVICE Period**																		
63	**Start: Patient leaves office/facility**																		
64	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3	3	3			3	3							3	
65	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
71	**Total Office Visit Time**			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
72	Other Clinical Activity - *specify:*																		
73	**End: with last office visit before end of global period**																		
74	**MEDICAL SUPPLIES***	**CODE**	**UNIT**																
75	pack, minimum multi-specialty visit	SA048	pack	1		1				1								1	
76	pack, moderate sedation	SA044	pack	1										1				1	
77	kit, guidewire introducer (Micro-Stick)	SA016	kit			1				1									
78	kit, iv starter	SA019	kit			1				1									
79	tray, shave prep	SA067	tray	1		1				1									
80	kit, AccuStick II Introducer System with RO Marker	SA071	kit	1															
81	cap, surgical (REDUCE BY 1)	SB001	item	4		3				3								3	
82	drape, sterile, c-arm, flouro	SB008	item																
83	drape, sterile, femoral	SB009	item	1		1				1									
84	drape, sterile, fenestrated 16in x 29in	SB011	item															1	
85	drape, sterile, three-quarter sheet	SB014	item			1				1								1	
86	drape, towel, sterile 18in by 26 in	SB019	item	4		2				2								2	
87	gloves, non-sterile (REDUCE BY 2)	SB022	pair			1				1									
88	gloves, sterile	SB024	item	3		2				2								2	
89	gown, surgical, sterile	SB028	item	2		2				2								2	
90	mask, surgical (REDUCE BY 1)	SB033	item			1				1									
91	mask, surgical, with face shield	SB034	item	4		2				2								3	
92	shoe covers, surgical (REDUCE BY 1)	SB039	item	4		3				3								3	
93	underpad 2ft x 3ft (Chux)	SB044	item	1		1				1									
94	closed flush system, angiography	SC010	item	1		1				1									
95	stock cock, 3-way	SC049	item	1		1				1									
96	syringe 10-12 ml	SC051	item	1		2				2									
97	syringe 20ml	SC053	item			2				2									
98	syringe 30 ml	SC054	item	1															
99	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	2		2				2									
100	syringe, pressure (radiology)	SC060	item			1				1									

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	**AT MEETING**			**REFERENCE CODE**		**Recommendations**		**Recommendations**		**Recommendations**		**Recommendations**		**MODERATE SEDATION**				**CURRENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**37236**		**372X1**		**372X2**		**372X3**		**372X4**		**991X2X**		**991X5X**		**35471**	
3				2013		35471+75966		35471+75968		35476+75978		35476+75978		**RUC Approved September 2015 - CMS Pending**					
4	**Meeting Date:** January 2016 **REVISED 1-13-2016** **Tab:** 15 Open and Percutaneous Transluminal Angioplasty **Specialty:** ACR, SIR, SVS	**CMS Code**	**Staff Type**	*Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid,*		*Transluminal balloon angioplasty (except lower extremity artery(s) for occlusive disease, intracranial, coronary, pulmonary, or dialysis*		*each additional artery*		*Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision*		*each additional vein*		*Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the*		*Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the*		*Transluminal balloon angioplasty, percutaneous; renal or visceral artery*	
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**000**	**000**
101	guidewire, hydrophilic	SD089	item	1						1								1	
102	vascular sheath	SD136	item			1				1									
103	catheter, (Glide)	SD147	item			1				1									
104	catheter, balloon inflcation device	SD149	item	1		1				1								1	
105	**catheter, balloon, low profile PTA**	**SD151**	item			**1**		**1**										**2**	
106	**catheter, balloon, PTA**	**SD152**	item							**1**		**1**							
107	**catheter, microcatheter (selective 3rd order)**	**SD154**	item	**1**															
108	guidewire bowl w-lid, sterile	SD171	item			**1**				**1**									
109	guidewire, cerebral (Bentson)	SD172	item			**1**				**1**									
110	**guidewire, low profile (SpartaCore)**	**SD173**	item															**1**	
111	guidewire, steerable (Hi-Torgue)	SD174	item															1	
112	**guidewire, steerable (Transcend)**	**SD175**	item	**1**		**1**													
113	guidewire, torque	SD176	item															1	
114	**suture device for vessel closure (Perclose A-T)**	**SD207**	item	**1**		**1**												**1**	
115	tubing, pressure injection line (angiography)	SD211	item			**1**				**1**									
116	Sterile Radio-opaque ruler	SD249	item	1															
117	Introducer sheath, Ansel (45 cm 6Fr Ansel)	SD250	item	1		1				1									
118	**stent, balloon, implantable**	**SD299**	item	**1**															
119	blade, surgical (Bard-Parker)	SF007	item	1		1				1									
120	applicator, sponge-tipped	SG009	item	4		4				4									
121	gauze, sterile 4in x 4 in	SG055	item	2		6				6								2	
122	steri-strip (6 strip uou)	SG074	item	1		1				1									
123	tape, surgical paper 1in (Micropore)	SG079	inch	6		12				12								6	
124	heparin 1,000 units-ml inj	SH039	ml	5		5				5									
125	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10		10				10									
126	sodium chloride 0.9% flush syringe	SH065	item	2		2				2									
127	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item			1				1									
128	providone soln (Betadine)	SJ041	ml	60		60				60								10	
129	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	6		1				1									
130																			
131	**EQUIPMENT**	**CODE**																	
132	room, angiography	EL011		107		72		30		72		30						92	
133	printer, laser, paper	ED032		5															
134	PACS Workstation Proxy	ED050		163		91		30		91		30							
135	stretcher	EF018		332		180				60				77		15			
136	table, instrument, mobile	EF027		332		180				60				77		15		212	
137	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011		332		180				60				77		15		212	
138	IV infusion pump	EQ032		332		180				60				77		15		212	
139	light, exam	EQ168																120	
140																			
141																			
142																			

	A	B	C	T	U	V	W	X	Y	Z	AA
1	**AT MEETING**			**CURRENT**		**CURRENT**		**CURRENT**		**CURRENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**75966**		**75968**		**35476**		**75978**	
3				*Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation*		*Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation*		2012 *Transluminal balloon angioplasty, percutaneous; venous*		2014 *Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation*	
4	**Meeting Date:** January 2016 **REVISED 1-13-2016** **Tab:** 15 Open and Percutaneous Transluminal Angioplasty **Specialty:** ACR, SIR, SVS	**CMS Code**	**Staff Type**								
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**XXX**	**XXX**	**ZZZ**	**ZZZ**	**000**	**000**	**XXX**	**XXX**
7	**TOTAL CLINICAL LABOR TIME**			**105**	**0**	**36**	**0**	**167**	**21**	**90**	**0**
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**6**	**0**	**0**	**0**	**9**	**21**	**6**	**0**
9	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*					*9*	*21*		
10	*Angio Tech*	*L041B*	*AngioTech*	*6*						*6*	
11	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**99**	**0**	**36**	**0**	**158**	**0**	**84**	**0**
12	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*					*23*			
13	*Angio Tech*	*L041B*	*AngioTech*	*99*		*36*		*68*		*84*	
14	*RN*	*L051A*	*RN*					*67*			
15	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
16	*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*								
17											
18	**PRE-SERVICE**										
19	**Start: Following visit when decision for surgery or procedure made**										
20	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA					3	5		
21	Coordinate pre-surgery services	L037D	RN/LPN/MTA					3	8		
22	Schedule space and equipment in facility	L037D	RN/LPN/MTA						5		
23	Provide pre-service education/obtain consent										
24	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA					3	3		
25	Availability of prior images confirmed	L041B	AngioTech	6						6	
26	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L041B	AngioTech								
27	Other Clinical Activity - *specify:*										
28	**End: When patient enters office/facility for surgery/procedure**										
29	**SERVICE PERIOD**										
30	**Start: When patient enters office/facility for surgery/procedure:**										
31	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA					5			
32	Obtain vital signs	L037D	RN/LPN/MTA					5			
33	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA					5			
34	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	3				4		2	
35	Setup scope (non facility setting only)										
36	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA					2		2	
37	Sedate/apply anesthesia	L051A	RN					2			
38	Other Clinical Activity - specify:									2	
39	**Intra-service**										
40	Assist physician in performing procedure	L041B	AngioTech	75		30		35		35	
41	Assist physician/moderate sedation (% of physician time)	L051A	RN					35			
42	Aquire Images (75%)	L041B	AngioTech	15		3		26		35	
43	Circulator (25%)	L037D	RN/LPN/MTA								
44											
45	**Post-Service**										
46	Monitor pt. following moderate sedation	L051A	RN					30			
47	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L051A	RN								
48	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3				3		3	

	A	B	C	T	U	V	W	X	Y	Z	AA
1	**AT MEETING**			**CURRENT**		**CURRENT**		**CURRENT**		**CURRENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**75966**		**75968**		**35476**		**75978**	
3				*Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation*		*Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation*		2012 *Transluminal balloon angioplasty, percutaneous; venous*		2014 *Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation*	
4	**Meeting Date:** January 2016 **REVISED 1-13-2016** **Tab:** 15 Open and Percutaneous Transluminal Angioplasty **Specialty:** ACR, SIR, SVS	**CMS Code**	**Staff Type**								
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**XXX**	**XXX**	**ZZZ**	**ZZZ**	**000**	**000**	**XXX**	**XXX**
49	Clean Scope										
50	Clean Surgical Instrument Package										
51	Complete diagnostic forms, lab & X-ray requisitions										
52	Review/read X-ray, lab, and pathology reports										
53	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA					3			
54	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	AngioTech	1		1				2	
55	Review examination with interpreting MD	L041B	AngioTech	1		1				2	
56	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L041B	AngioTech	1		1				1	
57	Other Clinical Activity - *specify:*										
58	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a	
59	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a	
60	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a	
61	**End: Patient leaves office**										
62	**POST-SERVICE Period**										
63	**Start: Patient leaves office/facility**										
64	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA					3			
65	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
71	**Total Office Visit Time**			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
72	Other Clinical Activity - *specify:*										
73	**End: with last office visit before end of global period**										
74	**MEDICAL SUPPLIES***	**CODE**	**UNIT**								
75	pack, minimum multi-specialty visit	SA048	pack					1			
76	pack, moderate sedation	SA044	pack					1			
77	kit, guidewire introducer (Micro-Stick)	SA016	kit								
78	kit, iv starter	SA019	kit								
79	tray, shave prep	SA067	tray								
80	kit, AccuStick II Introducer System with RO Marker	SA071	kit								
81	cap, surgical (REDUCE BY 1)	SB001	item					3			
82	drape, sterile, c-arm, flouro	SB008	item	1							
83	drape, sterile, femoral	SB009	item								
84	drape, sterile, fenestrated 16in x 29in	SB011	item					1			
85	drape, sterile, three-quarter sheet	SB014	item					1			
86	drape, towel, sterile 18in by 26 in	SB019	item					2			
87	gloves, non-sterile (REDUCE BY 2)	SB022	pair								
88	gloves, sterile	SB024	item					1			
89	gown, surgical, sterile	SB028	item					1			
90	mask, surgical (REDUCE BY 1)	SB033	item								
91	mask, surgical, with face shield	SB034	item					2			
92	shoe covers, surgical (REDUCE BY 1)	SB039	item					3			
93	underpad 2ft x 3ft (Chux)	SB044	item								
94	closed flush system, angiography	SC010	item								
95	stock cock, 3-way	SC049	item								
96	syringe 10-12 ml	SC051	item								
97	syringe 20ml	SC053	item								
98	syringe 30 ml	SC054	item								
99	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item								
100	syringe, pressure (radiology)	SC060	item								

	A	B	C	T	U	V	W	X	Y	Z	AA
1	**AT MEETING**			**CURRENT**		**CURRENT**		**CURRENT**		**CURRENT**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**75966**		**75968**		**35476**		**75978**	
3				*Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation*		*Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation*		2012 *Transluminal balloon angioplasty, percutaneous; venous*		2014 *Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation*	
4	**Meeting Date:** January 2016 **REVISED 1-13-2016** **Tab:** 15 Open and Percutaneous Transluminal Angioplasty **Specialty:** ACR, SIR, SVS	**CMS Code**	**Staff Type**								
5	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6	**GLOBAL PERIOD**			**XXX**	**XXX**	**ZZZ**	**ZZZ**	**000**	**000**	**XXX**	**XXX**
101	guidewire, hydrophilic	SD089	item					1			
102	vascular sheath	SD136	item								
103	catheter, (Glide)	SD147	item								
104	catheter, balloon inflcation device	SD149	item					1			
105	**catheter, balloon, low profile PTA**	**SD151**	item								
106	**catheter, balloon, PTA**	**SD152**	item					**2**			
107	**catheter, microcatheter (selective 3rd order)**	**SD154**	item								
108	guidewire bowl w-lid, sterile	SD171	item								
109	guidewire, cerebral (Bentson)	SD172	item								
110	**guidewire, low profile (SpartaCore)**	**SD173**	item								
111	guidewire, steerable (Hi-Torgue)	SD174	item					1			
112	**guidewire, steerable (Transcend)**	**SD175**	item								
113	guidewire, torque	SD176	item					1			
114	**suture device for vessel closure (Perclose A-T)**	**SD207**	item								
115	tubing, pressure injection line (angiography)	SD211	item								
116	Sterile Radio-opaque ruler	SD249	item								
117	Introducer sheath, Ansel (45 cm 6Fr Ansel)	SD250	item								
118	**stent, balloon, implantable**	**SD299**	item								
119	blade, surgical (Bard-Parker)	SF007	item								
120	applicator, sponge-tipped	SG009	item								
121	gauze, sterile 4in x 4 in	SG055	item								
122	steri-strip (6 strip uou)	SG074	item								
123	tape, surgical paper 1in (Micropore)	SG079	inch					6			
124	heparin 1,000 units-ml inj	SH039	ml								
125	lidocaine 1%-2% inj (Xylocaine)	SH047	ml								
126	sodium chloride 0.9% flush syringe	SH065	item								
127	sodium chloride 0.9% irrigation (500-1000ml uou)	SH069	item								
128	providone soln (Betadine)	SJ041	ml								
129	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	1							
130											
131	**EQUIPMENT**	**CODE**									
132	room, angiography	EL011		9		9		44			
133	printer, laser, paper	ED032									
134	PACS Workstation Proxy	ED050		99		36					
135	stretcher	EF018									
136	table, instrument, mobile	EF027						277			
137	ECG, 3-channel (with Sp02, NIBP, temp, resp)	EQ011						277			
138	IV infusion pump	EQ032						277			
139	light, exam	EQ168						44			
140											
141											
142											

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2016

Esophagectomy

In October 2015, the CPT Editorial Panel created three new codes 432X5, 432X6, 432X7 to report esophagectomy via laparoscopic and thoracoscopic approaches, and revised 43112 to clarify this service. However, during the CPT Panel minutes review the vignette was altered, removing the statement that the typical patient undergoes chemotherapy and radiation therapy prior to surgery. The specialties contacted the Panel and tried to correct prior to survey; however, the Panel did not adjust the vignette. The specialty societies conducted a survey and found that a significant number of respondents did not agree that the vignette described the typical patient and noted that the typical patient does undergo neoadjuvant chemotherapy and radiation therapy prior to surgery. Therefore, the survey is flawed and the codes should be re-surveyed with the appropriate vignette. **The RUC agrees with the specialty societies and recommends:**

1) **The CPT Editorial Panel table new codes 432X5, 432X6, 432X7 until CPT 2018;**
2) **The specialty societies go to the Research Subcommittee to obtain approval for the current typical patient (vignette) for both the new thoracoscopic/laparoscopic codes and open codes (43107, 43112 and 43117); and**
3) **The specialty societies survey all six codes for the October 2016 RUC meeting.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●432X5	S1	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)	090	Survey for October 2016 RUC meeting

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●432X6	S2	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic-thoracoscopic esophagectomy, Ivor Lewis esophagectomy) (Do not report 32551 in conjunction with 432X6 for right tube thoracostomy)	090	Survey for October 2016 RUC meeting
●432X7	S3	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy) (Do not report 32551 in conjunction with 432X7 for right tube thoracostomy)	090	Survey for October 2016 RUC meeting
Thoracoscopy (Video-assisted thoracic surgery [VATS]) ***32674*** *Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)* *(On the right, mediastinal lymph nodes include the paratracheal, subcarinal, paraesophageal, and inferior pulmonary ligament)* *(On the left, mediastinal lymph nodes include the aortopulmonary window, subcarinal, paraesophageal, and inferior pulmonary ligament)* (Report 32674 in conjunction with 19260, 31760, 31766, 31786, 32096-32200, 32220-32320, 32440-32491, 32503-32505, 32601-32663, 32666, 32669-32673, 32815, 33025, 33030, 33050-33130, 39200-39220, 39560, 39561, 43101, 43112, 43117, 43118, 43122, 43123, 432X6, 432X7, 43351, 60270, 60505) *(To report mediastinal and regional lymphadenectomy via thoracotomy, use 38746)*				
▲43112	S4	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy, or tri-incisional esophagectomy)	090	Survey for October 2016 RUC meeting

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43107	S5	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)	090	Survey for October 2016 RUC meeting
43117	S6	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	090	Survey for October 2016 RUC meeting

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December 12, 2015

Peter Smith, MD, FACS
Chair, AMA/RUC
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: Tab 16 - Thoracoscopic/Laparoscopic Esophagectomy

Dear Dr. Smith:

On behalf of the Society of Thoracic Surgeons, American College of Surgeons and Society of American Gastrointestinal Endoscopic Surgeons, we are writing in regards to the three new codes included in Tab 16 for the January 2016 RUC meeting.

After the October 2015 CPT Panel meeting concluded, during the minutes review, a Panel member altered the typical patient vignettes removing the text that indicated the typical patient undergoes chemotherapy and radiation therapy prior to surgery. We immediately responded to the Panel's post-meeting action with a comment indicating the most common scenario for patients currently treated for esophageal cancer includes neoadjuvant chemotherapy and radiotherapy, a period of time to recover from these treatments, restaging (most commonly including physical exam, lab work, and PET/CT scan), followed by the appropriate surgical resection. This combined multimodality treatment program occurs independent of the surgical approach(es) used during the esophagogastrectomy. Thus, we indicated and continue to believe it is most appropriate to retain neoadjuvant chemotherapy and radiation therapy in the vignettes as originally submitted. This element significantly impacts physician work for the planned surgery and subsequent perioperative care when compared with the atypical patient that does not undergo these preoperative treatments. The Panel did not acknowledge or discuss our rationale in their response requiring that the vignettes not include prior neoadjuvant therapy.

Our societies conducted a RUC survey of the three new codes and found that a significant number of respondents did not agree that the vignette described the typical patient and offered that a typical patient does undergo neoadjuvant chemotherapy and radiation therapy prior to surgery. We therefore are forced to believe this was a flawed survey.

Through our review, we have also recognized that the values for the comparable open codes, last reviewed in 2000, are now misvalued by virtue of the shift in standard practice for the typical patient to now undergo pre-operative chemotherapy and radiation therapy. In addition, another major change in the esophagectomy patient population has occurred. Within the last ten years, the number of esophagectomies performed for benign, premalignant esophageal disease (eg. Barrett's esophagus) and early stage cancers has markedly decreased. Further, a review of data available in the STS General Thoracic database also suggests that the intraoperative times for both the current open codes and the surveyed new codes are inaccurate.

We propose the following actions:

1. Table the new CPT codes until CPT 2018
2. Allow our societies to go to the Research Subcommittee to obtain approval for correct typical patient vignettes for both the open codes (43107, 43112, 43117) and new thoracoscopic/laparoscopic codes (432X5, 432X6, 432X7)
3. Survey all six codes for the April or October 2016 RUC meeting.

We have attached the survey summary data for information. We look forward to discussing our proposed actions at the January 2016 RUC meeting.

Sincerely,

James Levett, MD, FACS
RUC Advisor for the Society of Thoracic Surgeons

Charles Mabry, MD, FACS
RUC Advisor for the American College of Surgeons

Donald Selzer, MD, FACS
RUC Advisor for the Society of American Gastrointestinal and Endoscopic Surgeons

ISSUE: Esophagectomy

TAB: 16

					RVW					Total	PRE			INTRA					POST-FACILITY							POST-OFFICE				SURVEY EXPERIENCE					Typ
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	HV	91	33	32	31	39	15	14	13	12	MIN	25th	MED	75th	MAX	Pt?
REF1	43107	Total or near total esophagectomy, w	33	0.057			44.18			987	90					300			45	11	2	1	3	4	1		1	2	1						
REF2	43121	Partial esophagectomy, distal two-thi	6	0.106			51.43			962	60	15	20			240			40	10	1	4	3	1	1		1	2	1						
	43289	Unlisted laparoscopy procedure, esc		n/a			0.00			n/a																								
	43499	Unlisted procedure, esophagus		n/a			0.00			n/a																								
	43659	Unlisted laparoscopy procedure, stor		n/a			0.00			n/a																								
SVY	432X5	Esophagectomy, total or near total, v	51	0.072	44.18	48.00	50.00	60.00	90.00	1,041	90	20	20	180	240	300	360	600	45	10	2	3	2	2	1		1	2		0	0	0	3	25	71%
	432X5	WITH experience	23	0.070	44.18	48.30	51.43	67.50	90.00	1,103	90	20	25	180	240	300	360	600	30	11	2	4	2	2	1		2	1		1	2	4	6	25	
	432X5	WITHOUT experience	28	0.067	45.00	47.50	50.00	51.57	80.00	1,064	80	20	20	180	240	325	360	480	53	10	2	3	2	2	1		1	2		0	0	0	0	0	
REF1	43121	Partial esophagectomy, distal two-thi	33	0.106			51.43			962	60	15	20			240			40	10	1	4	3	1	1		1	2	1						
REF2	43118	Partial esophagectomy, distal two-thi	6	0.111			67.07			1,184	60	15	20			327			40	13	1	5	5	1	1		1	2	1						
	43289	Unlisted laparoscopy procedure, esc		n/a			0.00			n/a																								
	43499	Unlisted procedure, esophagus		n/a			0.00			n/a																								
	43659	Unlisted laparoscopy procedure, stor		n/a			0.00			n/a																								
SVY	432X6	Esophagectomy, distal two-thirds, wi	51	0.087	49.00	55.00	60.00	75.00	95.00	1,121	90	30	30	240	300	360	410	600	45	10	2	3	2	2	1		1	2		0	1	5	10	40	75%
REF1	43112	Total or near total esophagectomy, w	25	0.040			47.48			1,243	103					415			118	12	2	2	3	4	1		1	2	1						
REF2	43113	Total or near total esophagectomy, w	9	0.111			80.06			1,358	60	15	20			391			40	15	2	5	6	1	1		1	2	1						
	43289	Unlisted laparoscopy procedure, esc		n/a			0.00			n/a																								
	43499	Unlisted procedure, esophagus		n/a			0.00			n/a																								
	43659	Unlisted laparoscopy procedure, stor		n/a			0.00			n/a																								
SVY	432X7	Esophagectomy, total or near total, w	51	0.090	50.00	55.85	61.00	80.50	100.00	1,121	90	30	30	240	360	360	440	700	45	10	2	3	2	2	1		1	2		0	0	2	4	50	76%

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2016

Esophageal Sphincter Augmentation

In October 2015, the CPT Editorial Panel created two new codes to describe laparoscopic implantation and removal of a magnetic bead sphincter augmentation device for treatment of gastroesophageal reflux disease (GERD).

With Research Subcommittee approval, the specialty societies utilized an industry provided provider list and conducted a targeted survey of the 145 physicians who have undergone training and are allowed to order the device for implantation and are the only physicians who have performed these procedures. Only 18 non-conflicted survey responses were received even after multiple communications following up with the 145 physicians.

432X1 ***Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed***
The specialty societies convened an expert panel and compared the survey median intra-service time for 432X1 (60 minutes) to the intra-service time for 49320 *Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)* (intra-service time = 45 minutes) and agreed with the survey respondents that 60 minutes appropriately accounts for the additional work of placing the magnetic bead device. The RUC agreed and recommends 63 minutes of pre-service time, 60 minutes of intra-service time, 30 minutes of immediate post service time, a half-day 99238 discharge day management and two 99213 Evaluation and Management office visits. The specialty societies noted, and the RUC agreed, that the survey median and 25th percentile work RVUs are inconsistent with the total physician work for 432X1 and are not relative to other similar procedures. Therefore, to determine an appropriate work value, the RUC recommends a direct crosswalk to CPT code 19301 *Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy* (work RVU = 10.13 and 60 minutes intra-service time). The RUC noted that both 432X1 and 19301 require the same intra-service time and almost identical total time. Additionally, both services require similar work intensity to perform and are both outpatient procedures. For additional support, the RUC referenced neighboring CPT codes 45171 *Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)* (work RVU = 8.13 and 45 minutes) and 36821 *Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)* (work RVU = 11.90 and 75 minutes intra-service time). **The RUC recommends a work RVU of 10.13 for CPT code 432X1.**

432X2 ***Removal of esophageal sphincter augmentation device***
The specialty societies convened an expert panel and compared the survey median intra-service time for 432X2 (68 minutes) to the intra-service time for 432X1 (60 minutes) and 49320 *Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)* (intra-service time = 45 minutes) and agreed with the survey respondents that the removal of the

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esophageal sphincter augmentation device will require more time than the implantation. The RUC agreed and recommends 70 minutes of pre-service time, 68 minutes of intra-service time, 30 minutes of immediate post service time; a half-day 99238 discharge day management and two 99213 Evaluation and Management office visits. The specialty societies noted, and the RUC agreed, that the survey median and 25th percentile work RVUs are inconsistent with the total physician work for 432X2 and are not relative to other similar procedures. Therefore, to determine an appropriate work value, the RUC recommends a direct crosswalk to CPT code 47562 *Laparoscopy, surgical; cholecystectomy* (work RVU = 10.47 and 80 minutes intra-service time). The RUC noted that although 47562 requires more intra-service time than the aggregate survey median time for 432X2, the median intra-service time may be understated because of the number of people without experience. The RUC noted that the total time for these services is nearly identical and both require similar work and intensity. For additional support of a 10.47 work RVU for 432X2, the RUC referenced MPC codes 50590 *Lithotripsy, extracorporeal shock wave* (work RVU = 9.77 and 60 minutes) and 57288 *Sling operation for stress incontinence (eg, fascia or synthetic)* (work RVU = 12.13 and 60 minutes intra-service time). **The RUC recommends a work RVU of 10.47 for CPT code 432X2.**

Practice Expense
The Practice Expense Subcommittee corrected one typo on the number of visit packs. The RUC recommends the standard 090-day global direct practice expense inputs for CPT codes 432X1 and 432X2.

New Technology
The RUC recommends that codes 432X1 and 432X2 be placed on the new technology and re-survey once these services are more widely performed. It was noted that the American Society of General Surgeons (ASGS) thought that the RUC recommendation was insufficient to describe the physician work required for these services, even though cruroplasty is included in the descriptor.

Flag in RUC Database
The RUC recommends that this service be flagged in the RUC database as "Do not use to validate physician work" until this procedure is more widely performed and a RUC survey is conducted that results in the required minimum number of survey responses.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●432X1	T1	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed (Do not report 432X1 in conjunction with 43279, 43280, 43281,	090	10.13

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		43282)		
●432X2	T2	Removal of esophageal sphincter augmentation device	090	10.47
D0392T		~~Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band)~~ (0392T has been deleted. To report, use 432X1)		N/A
D0393T		~~Removal of esophageal sphincter augmentation device~~ ~~(Do not report 0393T in conjunction with 43279, 43280, 43281, 43282)~~ (0393T has been deleted. To report, use 432X2)		N/A

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:432X1 Tracking Number T1 Original Specialty Recommended RVU: **10.13**
Presented Recommended RVU: **10.13**
Global Period: 090 RUC Recommended RVU: **10.13**

CPT Descriptor: Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old patient with chronic gastroesophageal reflux disease (GERD) continues to have break-through symptoms of regurgitation, cough and heartburn despite optimal medical and pharmacologic management. The patient has undergone diagnostic evaluation confirming abnormal levels of esophageal acid exposure through pH testing, and symptoms are confirmed to be related to GERD. After discussion of treatment options, the patient elects to proceed with laparoscopic esophageal sphincter augmentation, with placement of a sphincter augmentation device.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 39% , Overnight stay-less than 24 hours 44% , Overnight stay-more than 24 hours 17%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 45%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Meet with patient and family to review planned procedure and post-operative management. Review preadmission work-up, with particular attention to imaging information and reports (lab, EKG, chest x-ray, upper endoscopy report, objective data supporting diagnosis of gastroesophageal reflux). Reexamine patient to make sure that physical findings have not changed, make sure the patient's medication regimen remains the same, confirm the patient has no new allergies, and has not undergone any recent procedures. Update the H&P accordingly in the electronic health record. Review the details of the procedure again including risk for morbidity, obtain informed consent, including witness, and contact the OR staff that documentation is complete. Assure appropriate selection, timing, and administration of DVT prophylaxis. Determine indication for intra-operative antibiotics and prescribe as necessary based on the patient's allergy. Assess need for beta-blockers, order as required. Review length and type of anesthesia with anesthesiologist including the potential for adjunctive analgesia regimens including transversus abdominis plane block. Verify that all required instruments and supplies are available, including reusable and disposable laparoscopic equipment. Specifically, assure that the operating room has several available sizes of the magnetic esophageal sphincter augmentation device and sizing tool available confirming the expiration date. Assist in transfer of patient from hospital gurney to operating table. Assist anesthesia team with line placement and induction of anesthesia and intubation. Monitor/assist with positioning of patient. Use appropriate techniques to clear skin hair from the upper abdominal wall. Indicate areas of skin to be prepped. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: Under general anesthesia, surgical laparoscopy is performed. Pneumoperitoneum is established to distend the abdomen, and the laparoscope is introduced. Gas flow and intra-abdominal pressure are carefully monitored so as not to impair ventilation or venous return. Four to six trocar ports are inserted through the anterior abdominal wall above the umbilicus after the region is appropriately infiltrated with local anesthetic. Exposure of the anterior stomach and the esophageal hiatus requires insertion of liver retractor generally attached to a table mounted device. The gastrohepatic ligament is opened above and below the hepatic branch of the anterior vagal nerve. The fundus of the stomach is mobilized to expose the anterior border of the left crus. The distal esophagus and gastroesophageal junction are dissected circumferentially. The base of the right and left crus are identified and exposed to allow safe exposure and identification of the posterior vagus nerve. The posterior vagal nerve is separated from the posterior esophageal wall and a minimal eyelet is created for securement of the magnetic band. The esophageal circumference is measured with a specialized laparoscopic instrument to determine the exact diameter of the external aspect of the esophageal body at the location of the gastro-esophageal junction. Based on the measured circumference, an appropriately sized augmentation device is introduced through a port. The device is carefully inserted through the formed eyelet between the posterior vagus nerve and the esophageal body. The device is then placed circumferentially around the external lower esophageal sphincter and secured anteriorly by a mechanical clasp or attached sutures. Remove the liver retractor. A surgical assistant facilitates the procedure by assisting with port placement, retraction, manipulation of structures, camera movements and port closure. Surgical access is closed.

Description of Post-Service Work:
Hospital: Apply sterile adhesive strips and dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff including the potential need for patient controlled analgesia. Instruct nursing staff in care of tubes and other devices. Review post-operative labs as appropriate. Discuss procedure and outcome with family in waiting area. Write brief operative note or complete final operative note and place in chart and record. Dictate operative report and copy referring physician(s). Discontinue perioperative antibiotic therapy as appropriate. Discuss in detail dietary restrictions for the immediate post-operative period (e.g. liquid or mechanical soft diet and its duration). Write orders for follow-up, post-discharge labs, x-rays, home care, and physical therapy. Write prescriptions for medications needed post-discharge. Home restrictions (i.e., diet as above, activity, bathing) are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms. Arrange for first follow-up outpatient.

Office:
Talk with and examine patient. Remove dressings, sutures, when appropriate. Review activity and restrictions. Monitor healing of incisions with appropriate physical examination. Assess effect of procedure with gastroesophageal reflux quality of life questionnaire. Answer patient/family questions. Write prescriptions for medication and therapy, as necessary. Coordinate continuing care by nutritionist. Post discharge labs/films are ordered and reviewed. Discuss progress with referring physician(s) (verbal and written). Dictate progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Donald Selzer, MD, FACS; Francis Nichols, MD, FACS; James Levett, MD, FACS; Tripp Buckley, MD, FACS				
Specialty(s):	SAGES, STS, ASGS				
CPT Code:	432X1				
Sample Size:	145	**Resp N:**	18	**Response:** 12.4 %	
Description of Sample:	Targeted survey to company provided list of surgeons who have been trained in device placement and have placed at least one device (approved by Research Subcommittee).				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	4.00	**10.00**	14.00	31.00
Survey RVW:	16.00	20.00	**22.00**	25.70	35.51
Pre-Service Evaluation Time:			**83.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	49.00	**60.00**	90.00	90.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	432X1	**Recommended Physician Work RVU: 10.13**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**30.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43279	090	22.10	**RUC Time**

CPT Descriptor Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43281	090	26.60	**RUC Time**

CPT Descriptor Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	60,346

CPT Descriptor 1 Lithotripsy, extracorporeal shock wave

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57288	090	12.13	**RUC Time**	25,880

CPT Descriptor 2 Sling operation for stress incontinence (eg, fascia or synthetic)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 55.5 **%**

Number of respondents who choose 2nd Key Reference Code: 3 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 432X1	Top Key Reference CPT Code: 43279	2nd Key Reference CPT Code: **43281**
Median Pre-Service Time	63.00	80.00	70.00
Median Intra-Service Time	60.00	150.00	180.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	60.00	60.00
Median Discharge Day Management Time	19.0	38.00	38.00
Median Office Visit Time	46.0	46.00	46.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**218.00**	**404.00**	**424.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.60	0.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.50	0.25
Urgency of medical decision making	-0.10	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	-0.20	0.25
Physical effort required	-0.10	0.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.50	0.00
Outcome depends on the skill and judgment of physician	0.20	0.00
Estimated risk of malpractice suit with poor outcome	0.40	0.00

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.20	0.25

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

At the October 2015 CPT Editorial Panel meeting, Torax Medical Inc brought forward a CPT proposal to add codes 4328X1, 4328X2 to report laparoscopic implantation and removal of a magnetic bead sphincter augmentation device for treatment of GERD.

Survey Process and Response

The Society of Thoracic Surgeons and the Society of American Gastrointestinal Endoscopic Surgeons received approval from the Research Subcommittee to conduct a targeted survey to an industry provided list from Torax Medical Inc that included surgeons who had performed at least one procedure, although not necessarily in the past 12 months. We explained to the Research Subcommittee that only surgeons who have undergone training are allowed to order the device for implantation and therefore these trained surgeons were the only surgeons with experience. Our expert panel agreed that surgeons without training and experience would only be guessing at time and visit information related to implantation of the device and necessary postoperative followup.

A total of 145 requests were sent out and 18 responses were received. An additional seven surgeons started the survey, but because they had a financial conflict, could not complete the survey. Although some of the 18 respondents indicated zero experience in the past 12 months, this did not mean they had no experience. Although 18 responses does not meet the RUC's minimum response requirement, the responses came from experienced providers in laparoscopic esophageal and gastric procedures who we believe could provide accurate time and visit estimations on the survey. Our societies also believe that it is important to value this service so that the correct "relative" value is reported and reimbursed, instead of recommending contractor pricing which would likely be widely variable.

Pre-Time Package 3 (Straightforward Patient/Difficult Procedure)

Evaluation: No change in package time of 33 minutes.
Positioning: Add 12 minutes (total = 15 minutes) for positioning. The patient will initially be positioned supine and upper extremity intravenous and arterial access points are dressed, padded and secured. The arms are padded and tucked at the patient's sides. The patient's legs are padded and placed in stirrups with great care to avoid nerve injury and the foot of the table removed. The patient must be secured to the table as it may be necessary to roll the table during the procedure to use gravity to assist with shifting the abdominal contents. The lower half of the table is then

lowered to allow the operating surgeon to stand between the legs for the procedure. The skin is marked, prepped and draped.
Scrub, dress, wait: No change in package time of 15 minutes.

Post-time Package 9A (General Anesthesia or Complex Regional Block/Straightforward Procedure)

No change in package time of 30 minutes.

Recommendation – 432X1

Our expert panel compared the survey median intraoperative time for 432X1 (60 minutes) to the intraoperative time for a diagnostic laparoscopy (49320, 45 minutes) and agree that 60 minutes appropriately accounts for the additional work of placing the magnetic bead device. We also agree that the typical patient will be outpatient, either same day or overnight, but less than 24 hours and that two postoperative office visits are appropriate to monitor wounds and assess nutrition and diet as the patient accommodates to the new device. Although we agree with the time and visit estimates, our expert panel believes the survey median and 25th percentile work RVUs are inconsistent with the total physician work for 432X1 and not relative to other procedures.

We looked at other laparoscopic procedures, including the key reference codes to find a comparison, but determined that most laparoscopic procedures are inpatient and/or have significantly more intraoperative time. We then looked at other codes that are familiar to general surgeons and thoracic surgeons, many of whom still maintain their American Board of Surgery Certification, that have the same intraoperative time, are outpatient procedures and have a similar work intensity. We determined that code 19301 met these criteria. We therefore are recommending to crosswalk the work RVU for code 432X1 to code 19301; a general surgery service that has the same intraoperative time, similar work intensity and almost identical total time.

We recommend a work RVU of 10.13 for 432X1. This value is crosswalked from code 19301.

We also recommend that this code be tagged in the RUC database as "Do not use to validate physician work" until such time that this procedure is more widely performed and a RUC survey is conducted that results in the required minimum number of survey responses.

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	38	13	12
432X1	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	10.13	0.095	218	63	60	30	0.5	2	
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	10.13	0.093	216	55	60	20	0.5	2	1

Key Reference Comparison

Although the intensity of intraoperative work for 432X1 may be similar to the key reference codes 43279 and 43281, the intraoperative time and postoperative hospital work is significantly less for 432X1. The recommended work RVU for 432X1 reflects a value that has similar intensity and takes into account less intra- and postoperative work when compared with the KRS codes.

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	32	31	38	13	12
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	22.10	0.097	404	80	150	30	1	1	1	2	
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	26.60	0.107	424	70	180	30	1	1	1	2	

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	32	31	38	13	12
432X1	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	10.13	0.095	218	63	60	30			0.5	2	

MPC Comparison

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	38	13	12
50590	Lithotripsy, extracorporeal shock wave	9.77	0.091	207	41	60	15	0.5	2	1
432X1	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	10.13	0.095	218	63	60	30	0.5	2	
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	12.13	0.108	246	55	60	27	0.5	3	1

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 43659 Unlisted laparoscopy procedure, stomach

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty general surgery How often? Rarely

Specialty thoracic surgery How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 40 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the societies' estimate. This will rarely be performed on Medicare-aged patients.

Specialty general surgery	Frequency 35	Percentage 87.50 %
Specialty thoracic surgery	Frequency 5	Percentage 12.50 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 43333

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:432X2 Tracking Number T2 Original Specialty Recommended RVU: **10.47**
Presented Recommended RVU: **10.47**
Global Period: 090 RUC Recommended RVU: **10.47**

CPT Descriptor: Removal of esophageal sphincter augmentation device

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old patient with medically refractory GERD underwent laparoscopic surgery for esophageal sphincter augmentation with placement of a sphincter augmentation device. One year after surgery, the patient continues to experience intermittent dysphagia for solid foods despite conservative management. The patient elects to have the device removed.

Percentage of Survey Respondents who found Vignette to be Typical: 78%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 28% , Overnight stay-less than 24 hours 44% , Overnight stay-more than 24 hours 28%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 46%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review preadmission work-up, with particular attention to imaging information and reports (lab, EKG, chest x-ray). Reexamine patient to make sure that physical findings have not changed, make sure the patient's medication regimen remains the same, confirm the patient has no new allergies, and has not undergone any recent procedures. Update the H&P accordingly in the electronic health record. Review the details of the procedure again including risk for morbidity, obtain informed consent, including witness, and contact the OR staff that documentation is complete. Assure appropriate selection, timing, and administration of DVT prophylaxis. Determine indication for intra-operative antibiotics and prescribe as necessary based on the patient's allergy. Assess need for beta-blockers, order as required. Review length and type of anesthesia with anesthesiologist including the potential for adjunctive analgesia regimens including transversus abdominis plane block. Verify that all required instruments and supplies are available, including reusable and disposable laparoscopic equipment. Assist in transfer of patient from hospital gurney to operating table. Assist anesthesia team with line placement and induction of anesthesia and intubation. Monitor/assist with positioning of patient. Use appropriate techniques to clear skin hair from the upper abdominal wall. Indicate areas of skin to be prepped. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: Under general anesthesia, surgical laparoscopy is performed. Pneumoperitoneum is established to distend the abdomen, and the laparoscope is introduced. Gas flow and intra-abdominal pressure are carefully monitored so as not to impair ventilation or venous return. Four to six trocar ports are inserted through the anterior abdominal wall above the umbilicus after the region is appropriately infiltrated with local anesthetic. Exposure of the anterior stomach and the esophageal hiatus requires insertion of liver retractor generally attached to a table mounted device. The capsule surrounding the device is identified anterior to the esophagus. The capsule is opened anteriorly and

several beads are exposed. The link connecting one of the beads is cut. Lateral traction is placed on one end of the device, and the device is removed from the capsule by continuing to open it, exposing further beads until the device is completely free from the capsule. Great care is taken to avoid transmural injury to the esophagus or stomach and to avoid damaging the posterior vagus nerve which borders the device posteriorly. The device is then removed from the abdominal cavity through one of the ports. Remove the liver retractor. A surgical assistant may facilitate the procedure by assisting with port placement, retraction, manipulation of structures, camera movements and port closure. Surgical access is closed.

Description of Post-Service Work:
Hospital: Apply sterile adhesive strips and dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff including the potential need for patient controlled analgesia. Instruct nursing staff in care of tubes and other devices. Review post-operative labs as appropriate. Discuss procedure and outcome with family in waiting area. Write brief operative note or complete final operative note and place in chart and record. Dictate operative report and copy referring physician(s). Discontinue perioperative antibiotic therapy as appropriate. Discuss in detail dietary restrictions for the immediate post-operative period (e.g. liquid or mechanical soft diet and its duration). Write orders for follow-up, post-discharge labs, x-rays, home care, and physical therapy. Write prescriptions for medications needed post-discharge. Home restrictions (i.e, diet as above, activity, bathing) are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms. Arrange for first follow-up outpatient.

Office:
Talk with and examine patient. Remove dressings, sutures, when appropriate. Review activity and restrictions. Monitor healing of incisions with appropriate physical examination. Assess effect of procedure with a review of pre-operative symptoms and a thorough assessment of current symptomatology. Answer patient/family questions. Write prescriptions for medication and therapy, as necessary. Coordinate continuing care by nutritionist. Post discharge labs/films are ordered and reviewed. Discuss progress with referring physician(s) (verbal and written). Dictate progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Donald Selzer, MD, FACS; Francis Nichols, MD, FACS; James Levett, MD, FACS; Tripp Buckley, MD, FACS				
Specialty(s):	SAGES, STS, ASGS				
CPT Code:	432X2				
Sample Size:	150	**Resp N:**	18	**Response:**	12.0 %
Description of Sample:	Targeted survey to company provided list of surgeons who have been trained in device placement and have placed at least one device (approved by Research Subcommittee).				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	1.00	4.00
Survey RVW:	10.00	16.00	**19.06**	25.75	38.98
Pre-Service Evaluation Time:			**75.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	60.00	**68.00**	90.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	432X2	**Recommended Physician Work RVU: 10.47**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**68.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43281	090	26.60	**RUC Time**

CPT Descriptor Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43279	090	22.10	**RUC Time**

CPT Descriptor Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	60,346

CPT Descriptor 1 Lithotripsy, extracorporeal shock wave

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57288	090	12.13	**RUC Time**	25,880

CPT Descriptor 2 Sling operation for stress incontinence (eg, fascia or synthetic)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 5 **% of respondents:** 27.7 **%**

Number of respondents who choose 2nd Key Reference Code: 3 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 432X2	Top Key Reference CPT Code: 43281	2nd Key Reference CPT Code: **43279**
Median Pre-Service Time	70.00	70.00	80.00
Median Intra-Service Time	68.00	180.00	150.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	60.00	60.00
Median Discharge Day Management Time	19.0	38.00	38.00
Median Office Visit Time	46.0	46.00	46.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**233.00**	**424.00**	**404.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.40	0.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.80	1.00
Urgency of medical decision making	0.20	0.33
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.80	1.33
Physical effort required	0.20	0.33

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.80	1.33
Outcome depends on the skill and judgment of physician	0.40	1.00
Estimated risk of malpractice suit with poor outcome	0.60	0.67

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.80	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

At the October 2015 CPT Editorial Panel meeting, Torax Medical Inc brought forward a CPT proposal to add codes 4328X1, 4328X2 to report laparoscopic implantation and removal of a magnetic bead sphincter augmentation device for treatment of GERD.

Survey Process and Response

The Society of Thoracic Surgeons and the Society of American Gastrointestinal Endoscopic Surgeons received approval from the Research Subcommittee to conduct a targeted survey to an industry provided list from Torax Medical Inc that included surgeons who had performed at least one procedure, although not necessarily in the past 12 months. We explained to the Research Subcommittee that only surgeons who have undergone training are allowed to order the device for implantation and therefore these trained surgeons were the only surgeons with experience. Our expert panel agreed that surgeons without training and experience would only be guessing at time and visit information related to implantation of the device and necessary postoperative followup.

A total of 145 requests were sent out and 18 responses were received. An additional seven surgeons started the survey, but because they had a financial conflict, could not complete the survey. Half of the 18 respondents indicated zero experience in the past 12 months. Explantation of the device should rarely be required and although training for implantation of the device is necessary prior to implantation, there is no training for explantation. Therefore it is possible that the respondents that indicated zero experience in the past 12 months truly have had no experience in explantation. In the Summary Excel file, we presented the segregated data for those with and without experience for this code and note that the intraoperative median time of 68 (actually 67.5) minutes is directly between the 60 minutes for those without experience and the 75 minutes for those with experience. Although 18 responses does not meet the RUC's minimum response requirement, the responses came from experienced providers in laparoscopic esophageal and gastric procedures who we believe could provide accurate time and visit estimations on the survey. Our societies also believe that it is important to value this service so that the correct "relative" value is reported and reimbursed, instead of recommending contractor pricing which would likely be widely variable.

Pre-Time Package 4 (Difficult Patient/Difficult Procedure)

Evaluation: No change in package time of 40 minutes.
Positioning: Add 12 minutes (total = 15 minutes) for positioning. The patient will initially be positioned supine and upper extremity intravenous and arterial access points are dressed, padded and secured. The arms are padded and tucked at the patient's sides. The patient's legs are padded and placed in stirrups with great care to avoid nerve injury and the foot of the table removed. The patient must be secured to the table as it may be necessary to roll the table during the procedure to use gravity to assist with shifting the abdominal contents. The lower half of the table is then lowered to allow the operating surgeon to stand between the legs for the procedure. The skin is marked, prepped and draped.
Scrub, dress, wait: Subtract 5 minutes from the package time (total = 15 minutes) to be consistent with the survey median.

Post-time Package 9B (General Anesthesia or Complex Regional Block/Complex Procedure)

Subtract 3 minutes from the package time (total = 30 minutes) to be consistent with the survey median.

Recommendation – 432X2

We compared the median survey intraoperative time for 432X2 (68 minutes) to the intraoperative time for a diagnostic laparoscopy (49320, 45 minutes) and to the intraoperative time for 432X1 (60 minutes) and believe the median time of 68 minutes may be incorrect. As stated above, nine respondents had experience and nine respondents did not have experience. Because explantation of the device should rarely be required, it is probable that the respondents that indicated zero experience truly have had no experience in explantation. Further, the segregated data for those with and without experience for this code show a distinct difference in median intraoperative time (60 versus 75 minutes) with the median aggregate time of 68 minutes simply the statistic between these two values. Although our expert panel agrees that the intraoperative time to remove the device will be greater than implantation, we are uncertain about the incremental increase and are recommending the aggregate median time of 68 minutes. With respect to postoperative work, we agree that the typical patient will be outpatient, either same day or overnight, but less than 24 hours and that two postoperative office visits are appropriate to monitor wounds and assess nutrition and diet as the patient accommodates to not having the device. In review of all the data, our expert panel believes the survey median and 25th percentile work RVUs are inconsistent with the total physician work for 432X2.

We looked at other codes that are familiar to general surgeons and general thoracic surgeons, many of whom still maintain their American Board of Surgery Certification, that have the same intraoperative time, are outpatient procedures and have a similar work intensity and determined that code 47562 *Laparoscopy, surgical; cholecystectomy* met these criteria. Although 47562 has greater intraoperative time than the aggregate survey median time for 432X2, as stated above, we believe the median intraoperative time for the survey code may be understated because of the number of people without experience. Total time for both codes is almost identical. We therefore are recommending to crosswalk the work RVU for code 432X2 to code 47562; a general surgery service that has the same intraoperative time, similar work intensity and almost identical total time.

We recommend a work RVU of 10.47 for 432X2. This value is crosswalked from code 47562.

We also recommend that this code be tagged in the RUC database as "Do not use to validate physician work" until such time that this procedure is more widely performed and a RUC survey is conducted that results in the required minimum number of survey responses.

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	38	13	12
432X2	Removal of esophageal sphincter augmentation device	10.47	0.086	233	70	68	30	0.5	2	
47562	Laparoscopy, surgical; cholecystectomy	10.47	0.082	228	65	80	25	0.5	1*	1*

*Visits per CMS work time file.

Key Reference Comparison

Although the intensity of intraoperative work for 432X2 may be similar to the key reference codes 43279 and 43281, the intraoperative time and postoperative hospital work is significantly less. The recommended work RVU for 432X2

reflects a value that has similar intensity and takes into account the less intra- and postoperative work when compared with the KRS codes.

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	32	31	38	13	12
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	**22.10**	0.097	**404**	80	**150**	30	1	1	1	2	
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	**26.60**	0.107	**424**	70	**180**	30	1	1	1	2	
432X2	Removal of esophageal sphincter augmentation device	**10.47**	**0.086**	**233**	**70**	**68**	**30**	**0.5**	**2**	**0.5**	**2**	

MPC Comparison

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	38	13	12
50590	Lithotripsy, extracorporeal shock wave	**9.77**	**0.091**	**207**	**41**	**60**	**15**	**0.5**	**2**	**1**
432X2	Removal of esophageal sphincter augmentation device	**10.47**	**0.086**	**233**	**70**	**68**	**30**	**0.5**	**2**	
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	**12.13**	**0.108**	**246**	**55**	**60**	**27**	**0.2**	**3**	**1**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)
43659 Unlisted laparoscopy procedure, stomach
43999 Unlisted procedure, stomach

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty general surgery How often? Rarely

Specialty thoracic surgery How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the societies' estimate. This will rarely be performed on Medicare-aged patients.

Specialty general surgery Frequency 3 Percentage 75.00 %

Specialty thoracic surgery Frequency 1 Percentage 25.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 43333

ISSUE: Esophageal Sphincter Augmentation

TAB: 17

						RVW					Total	pre	PRE			INTRA					POST-FACILITY					POST-OFFICE			SURVEY EXPERIENCE				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	32	31	38	39	14	13	12	MIN	25th	MED	75th	MAX
REF1	43279	Laparoscopy, surgical, esophagomyoto	10	0.097			22.10			404		40	20	20			150			30		1	1	1			2						
REF2	43281	Laparoscopy, surgical, repair of paraes	3	0.107			26.60			424		40	15	15			180			30		1	1	1			2						
current	0392T	Laparoscopy, surgical, esophageal sph		NA						0																							
SVY	432X1	Laparoscopy, surgical, esophageal sph	18	0.274	16.00	20.00	22.00	25.70	35.51	268		83	15	15	20	49	60	90	90	30				0.5			2		0	4	10	14	31
REC	**432X1**	**CROSSWALK to 19301 RVW**		**0.095**			**10.13**			**218**	**3**	**33**	**15**	**15**			**60**			**30**	**9a**			**0.5**			**2**						
CROSSWALK	19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);		0.093			10.13			216		30	10	15			60			20				0.5			2.0	1					
low bookend	45171	Excision of rectal tumor, transanal appr		0.076			8.13			209	3	33	15	15			45			20				0.5			2						
high bookend	36821	Arteriovenous anastomosis, open; direc		0.104			11.90			233	4	50	10	15			75			25				0.5			1	1					
REF1	43281	Laparoscopy, surgical, repair of paraes	5	0.107			26.60			424		40	15	15			180			30		1	1	1			2						
REF2	43279	Laparoscopy, surgical, esophagomyoto	3	0.097			22.10			404		40	20	20			150			30		1	1	1			2						
current	0393T	Removal of esophageal sphincter augn		NA						0																							
SVY	432X2	Removal of esophageal sphincter augn	18	0.203	10.00	16.00	19.06	25.75	38.98	268		75	15	15	20	60	68	90	180	30				0.5			2		0	0	0.5	1	4
REC	**432X2**	**CROSSWALK to 47562 RVW**		**0.086**			**10.47**			**233**	**4**	**40**	**15**	**15**			**68**			**30**	**9b**			**0.5**			**2**						
		WITH experience	*9*	*0.190*	10.00	16.00	19.62	26.00	28.00	*275*		*75*	*15*	*15*	*20*	*60*	*75*	*110*	*180*	*30*				*0.5*			*2*		*1*	*1*	*1*	*2*	*4*
		WITHOUT experience	*9*	*0.219*	14.00	16.00	18.50	25.00	38.98	*260*		*75*	*15*	*15*	*45*	*60*	*60*	*90*	*100*	*30*				*0.5*			*2*		*0*	*0*	*0*	*0*	*0*

AMA/Specialty Society RVS Update Committee (RUC)
Vendor/Company Attestation Statement

This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid, harming both the undersigned and the physicians who use the product or device.

CPT® Codes

TORAX Medical Inc.
Vendor/Company Name

By: R. D. Pilon

R. D. Pilon Jr
Printed Signature

VP Global Healthcare Policy & Reimbursement
Title

10/27/2015
Date

Tab Number: 17

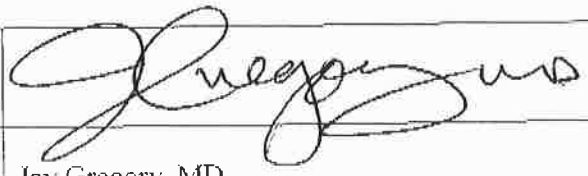
Issue: Esophageal Sphincter Augmentation

Code(s): 432X1, 432X2

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	Jay Gregory, MD
Specialty Society:	American Society of General Surgeons
Date:	December 11, 2015

Tab Number: 17

Issue: Esophageal Sphincter Augmentation

Code(s): 432X1, 432X2

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	Donald Selzer, MD, FACS
Specialty Society:	Society of American Gastrointestinal and Endoscopic Surgeons
Date:	December 15, 2015

Tab Number: 17

Issue: Esophageal Sphincter Augmentation

Code(s): 432X1, 432X2

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	James Levett, MD
Specialty Society:	Society of Thoracic Surgeons
Date:	December 15, 2015

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

432X1	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	090
432X2	Removal of esophageal sphincter augmentation device	090

Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Advisors from the participating specialties reviewed the standards for 90-day global procedures.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale: Facility only key reference code 43279 was used for comparison.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
These procedures will be performed on an elective basis and all aspects of pre-service clinical staff work that is typical of 90-day global procedures will apply: complete pre-service diagnostic & referral forms, coordinate pre-surgery services, schedule space and equipment in facility, provide pre-service education/obtain consent, and follow-up phone calls & prescriptions.

Service Clinical Labor Activities:
Clinical staff will assist the surgeon with discharge management, including arrangements for post-discharge imaging, home care, and responding to patient and family questions.

Post-Service Clinical Labor Activities:
Clinical staff will assist the surgeon at post-op office visits.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

NO INPUTS FOR NON-FACILITY SETTING

CPT Long Descriptor:

432X1	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	090
432X2	Removal of esophageal sphincter augmentation device	090

Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Advisors from the participating specialties reviewed the standards for 90-day global procedures.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale: N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G	H	I
1				REF CODE		Recommend		Recommend	
2				43279		432X1		432X2	
3	**Meeting Date: 01/2016** **Tab: 17** **Specialty: SAGES, STS, ASGS**	**CMS Code**	**Staff Type**	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed		Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter		Removal of esophageal sphincter augmentation device	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**N/A**	**144**	**N/A**	**138**	**N/A**	**138**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA		**60**		**60**		**60**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA		**12**		**6**		**6**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA		**72**		**72**		**72**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms	**L037D**	RN/LPN/MTA		**5**		**5**		**5**
13	Coordinate pre-surgery services	**L037D**	RN/LPN/MTA		**20**		**20**		**20**
14	Schedule space and equipment in facility	**L037D**	RN/LPN/MTA		**8**		**8**		**8**
15	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA		**20**		**20**		**20**
16	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA		**7**		**7**		**7**
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	**L037D**	RN/LPN/MTA				**6**		**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	**L037D**	RN/LPN/MTA		**12**				
45	**End: Patient leaves office**								
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16						
51	99212 27 minutes		27						
52	99213 36 minutes		36		**2**		**2**		**2**
53	99214 53 minutes		53						
54	99215 63 minutes		63						
55	**Total Office Visit Time**	**L037D**	RN/LPN/MTA		**72**		**72**		**72**
57	**End: with last office visit before end of global period**								
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**						
59	pack, minimum multi-specialty visit	SA048	pack		**2**		**2**		**2**
60	pack, post-op incision care (suture)	SA054	pack		**1**		**1**		**1**
61	**EQUIPMENT**	**CODE**							
62	table, power	EF031			**72**		**72**		**72**
63	light, exam	EQ168			**72**		**72**		**72**

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2016

Laparoscopic Radiofrequency Ablation of Uterine Fibroids

In October 2015, the CPT Editorial Panel converted Category III code, 0336T, into Category I code 585X1 to report laparoscopic radiofrequency ablation of uterine fibroids.

The RUC reviewed the survey results from 40 physicians and determined that the survey 25th percentile work RVU of 14.08 appropriately accounts for the work required to perform CPT code 585X1. The RUC noted that this service requires 51 minutes pre-service time, 120 minutes intra-service time and 30 minutes immediate post-service time and a half-day 99238 discharge day. The specialty societies indicated, and the RUC agreed, that two 99213 office visits are appropriate as indicated by the survey respondents, which both include an expanded problem focused history and low complexity medical decision making.

The RUC compared the surveyed code to key reference codes *58546 Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g* (work RVU = 19.94 and intra-service time 180 minutes) and 58662 *Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method* (work RVU = 12.15 and 80 minutes intra-service time). For additional support, the RUC compared the surveyed code to MPC codes 52649 *Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)* (work RVU = 14.56 and 120 minutes intra-service time) and *33249Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber* (work RVU = 15.17 and 120 minutes intra-service time) and determined that the survey 25th percentile work value for 585X1 appropriately ranks this new procedure with similar services and other MPC codes. **The RUC recommends a work RVU of 14.08 for CPT code 585X1.**

Practice Expense
The RUC recommends the standard 090-day direct practice expense inputs as slightly modified by the Practice Expense Subcommittee.

New Technology
The RUC recommends that CPT code 585X1 be placed on the New Technology list to examine after additional utilization data is available.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●585X1	U1	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency (Do not report 585X1 in conjunction with 49320, 58541-58554, 58570, 58571, 58572, 58573, 76998)	090	14.08
D0336T		~~*Laparoscopy, surgical, ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency*~~ (0336T has been deleted. To report laparoscopy, surgical, ablation of uterine fibroid(s), use 585X1)	~~YYY~~	N/A

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:585X1 Tracking Number U1 Original Specialty Recommended RVU: **14.08**
Presented Recommended RVU: **14.08**
Global Period: 090 RUC Recommended RVU: **14.08**

CPT Descriptor: Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 40-year-old female has been treated for abnormal uterine bleeding for the past 6 months. An evaluation was done, and she has a normal coagulation panel and is mildly anemic. Pap smear and endometrial biopsy are both normal. A pelvic sonogram demonstrated multiple uterine fibroids ranging from 1 cm to 7 cm in diameter that are intramural and submucosal in location. Patient does not desire further pregnancies but does not want a hysterectomy. She is interested in a laparoscopic uterine-sparing treatment for the uterine fibroids and abnormal uterine bleeding.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 75% , In the ASC 25%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 87% , Overnight stay-less than 24 hours 13% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 20%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review and update patient record. Obtain informed consent. Discuss surgery with patient and family. Ensure necessary equipment is present and functioning. Scrub and gown. Perform surgical 'time out' with the OR team. After appropriate anesthesia is administered, the patient is positioned in supine position and prepped.

Description of Intra-Service Work: The patient is frog-legged and examined under anesthesia. The urinary bladder is catheterized. The speculum is placed in the vagina to visualize the cervix. Tenaculum is applied to the anterior lip of the cervix. The legs are straightened out and patient is draped. The surgeon performs a laparoscopy to gain access to the abdomen. Two incisions are utilized to insert two ports (5mm and 10mm). The surgeon uses the laparoscopic camera to target laparoscopic ultrasound probe to examine the uterus and map locations and sizes of all myomata. Multiple subserosal, intramural and and submucosal myomas are identified. Using the laparoscopic ultrasound as a guide, the radiofrequency thermal ablation device is placed within the first myoma and the array is deployed. Radiofrequency energy heats the myoma to 100 degrees (monitored by thermocouples within the device), and the temperature is maintained at that level for the requisite number of minutes indicated by the chart provided by the manufacturer of the device. The device is inserted deeper (if indicated by the size of the myoma) and the ablation repeated until the whole myoma has been ablated. When the ablation is complete, the device is allowed to cool for an additional minute. After each puncture, the generator is switched to coagulation mode and the radiofrequency probe is withdrawn slowly to achieve hemostasis. The uterus is examined for any sign of bleeding before removing the laparoscopic ports. The 10 mm port site fascia is closed to prevent

herniation. The C02 gas is allowed to escape from the abdominal cavity before the removal of the camera port. The small skin incisions for the trocars are sutured closed. The catheter and tenaculum are removed.

Description of Post-Service Work: Apply dressings. Instruct recovery room staff on correct positioning of patient. Write post-operative orders. Chart progress notes. Discuss surgical procedure and post op instructions with patient and family. Medications are discussed as appropriate. Dictate operative note. Communicate with referring physician. Follow-up care.

Post-Operative Office Visits:

99213 #1: This typically occurs 1-2 weeks after surgery. This typically includes an expanded problem focused history which would include questions about any elevated temperature or other constitutional symptoms, GI problems, or GU symptoms. The physical exam would include a review of any obtained vital signs, and an abdominal exam and inspection of the incisions. Sutures would be removed as needed. Low complexity medical decision making would be performed to include a discussion of the surgical procedure and any further follow up care. Any needed prescriptions for continued pain management would be provided.

99213 #2: This typically occurs 6-8 weeks later at a time when the patient has hopefully completed 2 menstrual cycles. This typically includes an expanded problem focused history which would include questions about any elevated temperature or other constitutional symptoms, GI problems, or GU symptoms. In addition, the patient would be questioned regarding her most recent menses to determine any changes in the length of bleeding, the amount of bleeding, and any pain associated with her menses since the surgical procedure. The physical exam would include a review of any obtained vital signs, and an abdominal exam and inspection of the incisions. Low complexity medical decision making would be performed to include a discussion of the outcome of the surgical procedure and any further follow up care needed. Any needed prescriptions for management of continued pain with her menses or to control her menstrual cycles would be provided. An ultrasound examination to evaluate the results from the surgical procedure would be scheduled for 6-12 months postoperatively.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	George Hill, MD and Jon Hathaway, MD		
Specialty(s):	Obstetrics and Gynecology		
CPT Code:	585X1		
Sample Size:	125	**Resp N:** 40	**Response:** 32.0 %
Description of Sample:	Targeted sample of 125 US/MDs from the manufacturer of the technology used to perform this procedure		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**5.00**	10.00	51.00
Survey RVW:	1.30	14.08	**18.50**	20.81	29.88
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	3.00	113.00	**120.00**	150.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	585X1	**Recommended Physician Work RVU: 14.08**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58546	090	19.94	**RUC Time**

CPT Descriptor Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58662	090	12.15	**RUC Time**

CPT Descriptor Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57288	090	12.13	**RUC Time**	26,683

CPT Descriptor 1 Sling operation for stress incontinence (eg, fascia or synthetic)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,243

CPT Descriptor 2 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 47.5 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 22.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 585X1	Top Key Reference CPT Code: 58546	2nd Key Reference CPT Code: **58662**
Median Pre-Service Time	51.00	60.00	45.00
Median Intra-Service Time	120.00	180.00	80.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	40.00	0.00
Median Discharge Day Management Time	19.0	38.00	0.00
Median Office Visit Time	46.0	46.00	31.50
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**266.00**	**394.00**	**186.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.63	0.89
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.58	0.67
Urgency of medical decision making	0.21	0.22
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.42	1.00

Physical effort required	1.00	0.78

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.32	0.11
Outcome depends on the skill and judgment of physician	1.16	0.89
Estimated risk of malpractice suit with poor outcome	0.26	-0.11

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.26	1.11

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
The CPT Editorial Panel recently converted Category III code 0336T into Category I CPT code 585X1 to report laparoscopic radiofrequency ablation of uterine fibroids.

Methodology
ACOG was granted research subcommittee approval to use a targeted sample to conduct our RUC survey. Halt Medical, a manufacturer of the technology used to perform this procedure, provided a list of 125 US/MDs that perform this procedure. ACOG surveyed all names on the targeted list and did not conduct a concurrent survey of random ACOG members. Halt signed the Vendor_Company Attestation statement (attached).

Survey Data
ACOG received 40 completed RUC physician work surveys. The ACOG RUC workgroup reviewed the survey data and believes the 25th percentile of 14.08 appropriately ranks this new procedure with services in OB/GYN, MPCs and other ablation procedures.

	CPT	IWPUT	wRVU	Total Time	PreTime	Intra Time	Post Time	99232	99231	99238	99214	99213	99212
MPC	57288	0.108	12.13	246	55	60	27			0.5		3	1
Reference	58662	0.115	12.15	187	45	80	30				0.5	0.5	
Related	55873	0.083	13.60	274	56	100	30			0.5		3	
Surveyed	**585X1**	**0.083**	**14.08**	**266**	**51**	**120**	**30**			**0.5**		**2**	
MPC	52649	0.083	14.56	279	53	120	25			0.5		2	1
MPC/Other	33249	0.091	15.17	249	60	120						3	
Related	50541	0.087	16.86	319	60	120	15		2	1		2	
Reference	58546	0.074	19.94	394	60	180	30	1		1		2	
Related	33254	0.126	23.71	416	95	120	40	1	1	1	1	1	

The ACOG RUC workgroup reviewed ablation procedures in the RUC database that have 090 global periods, were RUC reviewed, had similar intra times and similar visit patters and were confident the 25th percentile recommendation of 14.08 is appropriate:

55873	*Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)*
50541	*Laparoscopy, surgical; ablation of renal cysts*
33254	*Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)*

Post Operative Visits
The survey results indicate two post operative level 3 office visits are typical with this new procedure. The ACOG RUC supports this recommendation. The patient is seen at 2 weeks for incision check, to show the patient pictures and explain surgery in detail. The patient is then seen again at 6 weeks for a symptom check and to ensure that the procedure was successful.

Recommendation
The specialty society is recommending a physician work RVU of 14.08 with a total time of 266 minutes.

New technology
This procedure should be flagged as new technology and reviewed again in 2-3 years.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0336T

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty obstetrics/gynecology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Projected 600 procedures in 2015; increasing 25%-40% annually to approximatley 5,000 by 2020.

Specialty obstetrics/gynecology Frequency 600 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. An annual frequency for Medicare is not known.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Hysterectomy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 58546

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AF	AG	AH	AI	AJ	AO	AP	AQ	AR	AS
13	**ISSUE: Laparoscopic Radiofrequency Ablation of Uterine Fibroids**																																				
14	**TAB: 18**																																				
15						**RVW**					**Total**	**PRE-TIME**			**INTRA-TIME**					**IMMD**	**FAC-inpt/same day**							**Office**					**SURVEY EXPERIENCE**				
16	**Source**	**CPT**	**DESC**	**Resp**	**IWPUT**	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	**POST**	**91**	**92**	**33**	**32**	**31**	**38**	**39**	**15**	**14**	**13**	**12**	**11**	**MIN**	**25th**	**MED**	**75th**	**MAX**
17	**1st REF**	**58546**	**Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g**	**19**	**0.074**			**19.94**			**394**	**60**					**180**			**30**				**1**		**1.0**			**2**								
18	**2nd REF**	**58662**	**Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method**	**9**	**0.115**			**12.15**			**187**	**45**					**80**			**30**								**0.5**	**0.5**							
19	**CURRENT**	**0336T**	**Laparoscopy, surgical, ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency**		**#DIV/0!**						**0**																									
20	**SVY**	**585X1**	**Laparoscopy, surgical, ablation of uterine fibroid (s) including intraoperative guidance and monitoring, radiofrequency**	**40**	**0.112**	**1.30**	**14.08**	**18.50**	**20.81**	**29.88**	**305**	**60**	**15**	**15**	**3**	**113**	**120**	**150**	**240**	**30**						**0.5**		**2**					**0**	**1**	**5**	**10**	**51**
21	**REC**	**585X1**	**Uterine Fibroids**		**0.083**			**14.08**			**266**	**33**	**3**	**15**			**120**			**30**						**0.5**		**2**									

Tab #12
Tab #18
Tab #34
Tab #35
Tab #37
Tab Number

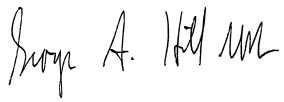
Partial Exchange Transfusion
Laparoscopic Radiofrequency Ablation of Uterine Fibroids
Electromyography Studies
Cystourethroscopy
Hysteroscopy
Issue

36460
585X1
51784
52000
58555-58563
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

George A. Hill, MD
Printed Signature

American Congress of Obstetricians and Gynecologists (ACOG)
Specialty Society

December 14, 2015
Date

AMA/Specialty Society RVS Update Committee (RUC)
Vendor/Company Attestation Statement

This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid, harming both the undersigned and the physicians who use the product or device.

585X1
CPT® Codes

HALT MEDICAL INC
Vendor/Company Name

By: Jayne A Little

JAYNE A. LITTLE
Printed Signature

VP Health Economics & Reimb.
Title

10-29-15
Date

CPT Code: 585X1
Specialty Society('s): ACOG

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

585X1: *Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency*

Global Period: 090 **Meeting Date:** January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACOG RUC workgroup developed these practice expense recommendations based on the physician survey results, their understanding of the procedure and standard PE committee inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

We included CPT Code 58546 *Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g* on our PE spreadsheet as a reference code. It was our most frequent reference code for the physician work side and also has standard 090-day PE inputs.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

We believe the standard 090-day inputs are appropriate for this new procedure code.

Intra-Service Clinical Labor Activities:

We included 6 minutes of clinical time associated with half a discharge day management code.

Post-Service Clinical Labor Activities:

We include the standard clinical time associated with the post-op visits we are recommending for physician work.

	A	B	C	D	E	F	G
1	**AT MEETING**			**REFERENCE CODE**			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**58546**		**585X1**	
3	**Meeting Date:** January 2016 **Tab:** 18 Fibroids **Specialty:** ACOG	**CMS Code**	**Staff Type**	*Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural*		*Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**			**0**	**138**	**0**	**138**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**60**	**0**	**60**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**6**	**0**	**6**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0**	**72**	**0**	**72**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		20		20
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		7		7
17	Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure						
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff						
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	6	n/a	6
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		n/a	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		n/a	
45	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1	**AT MEETING**			**REFERENCE CODE**			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**58546**		**585X1**	
3	**Meeting Date:** January 2016 **Tab:** 18 Fibroids **Specialty:** ACOG	**CMS Code**	**Staff Type**	*Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural*		*Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	# visits	# visits	# visits
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36		2		2
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	72.0	0.0	72.0
56	Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		2		2
60	pack, pelvic exam	SA051	pack		1		1
61	drape, non-sterile, sheet 40in x 60in	SB006	item		1		1
62	pack, post-op incision care (suture) (ADDED)	SA054	kit				1
63							
64							
65	**EQUIPMENT**	**CODE**					
66	light, fiberoptic headlight w-source	EQ170			72		72
67	table, power	EF031			72		72
68							
69							
70							

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2016

Endoscopic Decompression of Spinal Cord Nerve

At the October 2015 CPT meeting, the CPT Editorial Panel established one new Category I code to report endoscopic decompression of neural elements.

The RUC reviewed the survey responses from 53 physicians and determined that a work RVU of 10.47 which was below the survey 25th percentile appropriately accounts for the work required to perform CPT code 630X1. The RUC recommends 231 minutes total time with 66 minutes pre-service time, 70 minutes intra-service time, 30 minutes of immediate post-service time, ½ day discharge, and 2-99213 office visits. The RUC compared the surveyed code to similar services 63030 *Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar* (work RVU=13.18 and 90 minutes intra-service time) and 63047 *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar* (work RVU=15.37 and 90 minutes intra-service time) and determined that these services required slightly higher intra-service time and physician work. Therefore, the specialty society recommended and the RUC agreed that 630X1 should be crosswalked to MPC code 47562 *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar* (work RVU=10.47 and 80 minutes intra-service time) as these services require similar physician work and time to perform. **The RUC recommends a work RVU of 10.47 for CPT code 630X1.**

Practice Expense
The Practice Expense Subcommittee corrected equipment times. The RUC recommends the direct practice expense inputs as approved by the Practice Expense Subcommittee with a standard 90 day global package.

New Technology
CPT code 630X1 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Flag in RUC Database
The RUC recommends that this service be flagged in the RUC database as “Do not use to validate physician work”.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Spine and Spinal Cord **Injection, Drainage, or Aspiration** *For purposes of CPT coding the below definitions of approach and visualization apply. The primary approach and visualization defines the service, whether or not another method is incidentally applied. Surgical services are presumed open unless otherwise specified.* ***Percutaneous**: Image-guided procedures (eg, computer tomography [CT] or fluoroscopy) performed with indirect visualization of the spine without use of any device that allows visualization through a surgical incision.* ***Endoscopic**: Spinal procedures performed with continuous direct visualization of the spine through an endoscope.* ***Open**: Spinal procedures performed with continuous direct visualization of the spine through a surgical opening.* ***Indirect visualization**: Image-guided (eg, computer tomography [CT] or fluoroscopy), not light-based visualization* ***Direct visualization**: Light-based visualization; can be performed by eye, with surgical loupes, microscope or endoscope.* *(For the techniques of microsurgery and/or use of microscope, use 69990)* ▲62287 (e) Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, ~~with the use of an endoscope,~~ with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar ~~(This includes endoscopic approach)~~ *(Do not report 62287 in conjunction with 62267, 62290, 62311, 77003, 77012, 72295, when performed at same level)* *(For non-needle based technique for percutaneous decompression of nucleus pulposus of intervertebral disc, see 0274T, 0275T)*			
Spine and Spinal Cord **Endoscopic and Percutaneous Decompression of Neural Elements and/or Excision of Herniated Intervertebral Discs** *For purposes of CPT coding the below definitions of approach and visualization apply. The primary approach and visualization defines the service, whether or not another method is incidentally applied. Surgical services are presumed open unless otherwise specified.* ***Percutaneous**: Image-guided procedures (eg, computer tomography [CT] or fluoroscopy) performed with indirect visualization of the spine without use of any device that allows visualization through a surgical incision.* ***Endoscopic**: Spinal procedures performed with continuous direct visualization of the spine through an endoscope.* ***Open**: Spinal procedures performed with continuous direct visualization of the spine through a surgical opening.* ***Indirect visualization**: Image-guided (eg, computer tomography [CT] or fluoroscopy), not light-based visualization* ***Direct visualization**: Light-based visualization; can be performed by eye, with surgical loupes, microscope or endoscope.* *(For the techniques of microsurgery and/or use of microscope, use 69990)*			

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(For percutaneous decompression, see 03X1T or 03X3T)

●630X1	K1	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar *(For open procedures, see 63030 or 63056)* *(For bilateral procedure, report 630X1 with modifier 50)*	090	10.47

Posterior Extradural Laminotomy or Laminectomy for Exploration/ Decompression of Neural Elements or Excision of Herniated Intervertebral Discs

For purposes of CPT coding the below definitions of approach and visualization apply. The primary approach and visualization defines the service, whether or not another method is incidentally applied. Surgical services are presumed open unless otherwise specified.

***Percutaneous**: Image-guided procedures (eg, computer tomography [CT] or fluoroscopy) performed with indirect visualization of the spine without use of any device that allows visualization through a surgical incision.*

***Endoscopic**: Spinal procedures performed with continuous direct visualization of the spine through an endoscope.*

***Open**: Spinal procedures performed with continuous direct visualization of the spine through a surgical opening.*

***Indirect visualization**: Image-guided (eg, computer tomography [CT] or fluoroscopy), not light-based visualization*

***Direct visualization**: Light-based visualization; can be performed by eye, with surgical loupes, microscope or endoscope.*

(For the techniques of microsurgery and/or use of microscope, use 69990)

(For percutaneous decompression, see 0274T, 0275T)

Category III Codes

▲0274T Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), ~~with or without the use of an endoscope,~~ single or multiple levels, unilateral or bilateral; cervical or thoracic

▲0275T lumbar

(For laminotomy/hemilaminectomy performed using an open ~~and endoscopically-assisted~~ approach, see 63020-63035)

(For percutaneous decompression of the nucleus pulposus of intervertebral disc utilizing needle based technique, use 62287)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:630X1 Tracking Number Original Specialty Recommended RVU: **10.47**
Presented Recommended RVU: **10.47**
Global Period: 090 RUC Recommended RVU: **10.47**

CPT Descriptor: Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 42-year-old patient has had severe low back pain with sciatica and weakened foot dorsiflexion. He has not responded to restricted activities, analgesics and physiotherapy over 6 weeks. An MRI confirms clinical signs, as it shows a herniated disc at L4-L5 as well as erosion of the cartilage and possible bone spurs in the facet joint at the same level. The disc herniation and bone spurs are compressing the nerve L5 exiting nerve root.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 81% , In the ASC 19%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 60% , Overnight stay-less than 24 hours 33% , Overnight stay-more than 24 hours 7%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 76%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Perform a targeted H&P. Write orders for preoperative medication. Review imaging. Review the surgical procedure, postoperative recovery in and out of the hospital, and expected outcome(s) with the patient and family. Sign and mark the operative site. Obtain informed consent. Verify that all necessary surgical instruments, supplies, and devices are available in the operative suite. Review the length and type of anesthesia with the anesthesiologist. Monitor initial patient positioning for induction of anesthesia. Following induction of anesthesia, assist with repositioning of patient prone or lateral with the lumbar spine in flexion. Verify and/or assist with padding of patient to prevent pressure on neurovascular structures and placement of chin straps and arm traction devices to facilitate intraoperative imaging. Supervise prepping/draping of the patient. Scrub and gown. Perform a time out to confirm patient procedure with the OR staff.

Description of Intra-Service Work: A needle is inserted through the skin into the disc space via transforaminal or interlaminar approach. The stiletto of the needle is removed and a guide wire put through the needle in place. A skin incision is made and soft tissue is sequentially dilated over the wire under fluoroscopic control. Special bone burrs or reamers are used to carefully enlarge the foramen under fluoroscopic and guide wire control as much as necessary to insert a beveled working tube through which a working channel endoscope providing also for simultaneous suction and irrigation as well as appropriate bright and clear visualization is inserted. The adequate placement of the working tube within the so called Kambin triangle for transforaminal or lamina for interlaminar (ligamentum flavum) is managed by fluoroscope in two planes. All surgical steps are performed under full direct visual endoscopic control. Decompression of all neural structures at L4-L5 through removal of herniated intervertebral disc and partial facetectomy. Osteophytes or hypertrophied

ligaments are excised as needed with endoscopic shaver blades or drills. The nerve root is always protected by turning the beveled cannula opening away from it. The surgeon performs a visual inspection of the L4-L5 segment of the spinal canal. All nucleus material from within the canal as well as loose fragments from within the disc space are removed with forceps. Using electrosurgical instrumentation, epidural fat, torn annulus and/or adhesion tissue is shrunk. Hemostasis is obtained. Nerve roots are then endoscopically inspected to confirm that they are free of any impingement. Instruments are removed and wounds are closed.

Description of Post-Service Work: Facility: Apply steri-strips and sterile dressings. The patient is turned into the supine position. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from OR to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Write brief operative note. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Discuss procedure and outcome with family in waiting area. Answer patient and/or family questions. Write orders for follow-up and post-discharge laboratory tests and X rays. Write prescriptions for medications needed post-discharge. Discuss home restrictions (ie, diet, activity, bathing) with the patient, family members, and discharge nurse. Discharge patient when he has recovered from anesthesia. Complete all appropriate medical records, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

Office: Examine patient. Perform neurological exams. Monitor wounds. Write orders for medications and follow-up films. Review post-discharge films. Review physical therapy progress and revise orders as needed. Document patient progress notes in medical chart. Answer patient/family questions, insurance staff questions. Discuss patient progress with referring physician (verbal and written).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	John Ratlilff, MD; Alexander Mason, MD; Henry Woo, MD; Charles Mick, MD; Karin Swartz, MD; Morgan Lorio, MD		
Specialty(s):	AANS/CNS, NASS, ISASS		
CPT Code:	630X1		
Sample Size:	1562	**Resp N:** 53	**Response:** 3.3 %
Description of Sample:	Targeted samples within society membership approved by Research Subcommittee: AANS/CNS. A random selection from the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves. NASS. A random selection of only "surgeon" members of NASS (ie, there are also non-surgeon members). ISASS: All U.S. surgeon members of ISASS (ie, this is an international society that includes non U.S. members).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	24.00	100.00
Survey RVW:	10.00	13.20	**15.25**	16.25	25.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	10.00	60.00	**70.00**	90.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	630X1	**Recommended Physician Work RVU: 10.47**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**18.00**	**3.00**	**15.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**70.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**33.00**	**33.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63030	090	13.18	**RUC Time**

CPT Descriptor Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63047	090	15.37	**RUC Time**

CPT Descriptor Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
47562	090	10.47	**RUC Time**	109,672

CPT Descriptor 1 Laparoscopy, surgical; cholecystectomy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
58660	090	11.59	**RUC Time**	1,428

CPT Descriptor 2 Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 34 **% of respondents:** 64.1 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 24.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 630X1	**Top Key Reference CPT Code:** 63030	**2nd Key Reference CPT Code:** **63047**
Median Pre-Service Time	66.00	78.00	75.00
Median Intra-Service Time	70.00	90.00	90.00
Median Immediate Post-service Time	33.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	40.00	60.00
Median Discharge Day Management Time	19.0	38.00	38.00
Median Office Visit Time	46.0	69.00	69.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**234.00**	**345.00**	**362.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.15	0.31
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.18	0.31
Urgency of medical decision making	0.09	0.00

Technical Skill/Physical Effort (Mean)

Technical skill required	0.91	1.15
Physical effort required	0.15	0.46

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.18	-0.08
Outcome depends on the skill and judgment of physician	0.53	0.77
Estimated risk of malpractice suit with poor outcome	0.18	0.08

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.59	0.77

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the February 2015 CPT meeting, the Editorial Panel approved definitions of key terms and operative approaches to develop consistent terminology for spine surgery to be included in the 2017 code set. At the October 2015 CPT meeting, a device company requested a new code to describe an endoscopic decompression procedure that is performed with continuous direct visualization. The new code will be a new and different technique when compared with the open and percutaneous approaches.

Survey Process

Targeted samples within society membership were approved by Research Subcommittee:
A random selection from the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves.
A random selection of only "surgeon" members of NASS (ie, there are also non-surgeon members).
All U.S. surgeon members of ISASS (ie, this is an international society that includes non U.S. members).

Pre-Time Package 3 (Straightforward Patient/Difficult Procedure)

Evaluation: No change in package time of 33 minutes.
Positioning: Add 15 minutes (total = 18 minutes) for positioning. The patient will initially be positioned supine for induction of anesthesia. Following induction of anesthesia, the patient will be repositioned prone or lateral with the lumbar spine in flexion and padding to prevent pressure on neurovascular structures. Chin straps will be placed, along with arm traction devices, to facilitate intraoperative imaging.
Scrub, dress, wait: Subtract 5 minutes (total = 15 minutes) to be consistent with the median survey time.

Post-time Package 9b (General Anesthesia or Complex Regional Block/Complex Procedure)

Subtract 3 minutes (total = 30 minutes) to be consistent with the median survey time.

Recommendation

The expert panel reviewing the survey data for this new technology endoscopic procedure believes the survey median and 25th percentile work RVU is inconsistent with the physician work as it relates to other major open spine procedures. Therefore **we are recommending a work RVU of 10.47 which is a value that is cross-walked from the laparoscopic MPC code 47562**, *Laparoscopy, surgical; cholecystectomy*. Although the new code 630X1 has ten minutes less intraoperative time, we believe the physician work of endoscopic decompression in the small disc interspace near the spinal nerve roots of the cauda equina is more complex. In addition, code 630X1 will require more post-discharge office work for required imaging to confirm stabilization and for physical therapy orders and monitoring. Total time for both codes is almost identical.

	CPT	DESC	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST	38	13	12
	630X1	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	**10.47**	0.085	**231**	66	70	30	0.5	2	
CMS 2013	**47562**	Laparoscopy, surgical; cholecystectomy	**10.47**	0.082	**228**	65	80	25	0.5	1	1

We also recommend that this code be tagged in the RUC database as "Do not use to validate physician work" until physicians have more experience with this new procedure and another RUC survey is conducted.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0275T, 22899

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not availbable however in a 2013 coding change proposal, the presenters indicated that 8,000 to 10,000 endoscopic procedures are performed annually based on device sales data from two manufacturers, Joimax and Richard Wolf

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 200
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. For 2013, there were 3,110 paid Medicare claims for 0275T and in 2014 there were 267 paid Medicare claims. For both years, the number of submitted claims was significantly greater (25-45%). Coverage and the fact that 0275T may have also been used to report percutaneously-only procedures makes it difficult to estimate Medicare utilization for this new endoscopic procedure. In addition, this procedure will not typically be provided to Medicare-aged patients, although it may be appropriate for Medicare disability patients. With this information in mind, we estimate the initial Medicare utilization will be 200.

Specialty neurosurgery Frequency 100 Percentage 20.00 %

Specialty orthopaedic surgery Frequency 100 Percentage 20.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Explor/Decompr/Excis disc

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 63655

ISSUE: Endoscopic Decompression of Spinal Cord Nerve

TAB: 19

						RVW					Total	pre	PRE			INTRA					FACILITY		OFFICE				SURVEY EXPERIENCE				
	SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	32	31	38	14	13	12	11	MIN	25th	MED	75th	MAX
7	REF1	63030	Laminotomy (hemilaminectomy)	34	0.059			13.18			345		40	18	20			90			30			2	1		3							
8	REF2	63047	Laminectomy, facetectomy and	13	0.077			15.37			362		40	15	20			90			30		1	1	1		3							
9	current	0275T	Percutaneous laminotomy/lamin		NA						0																						
10	current	22899	Unlisted procedure, spine		NA						0																						
11	SVY	630X1	Endoscopic decompression of s	53	0.144	10.00	13.20	15.25	16.25	25.00	260		60	20	15	10	60	70	90	180	30				0.5	2				0	0	2	24	100
12		630X1	xwalk to RVW for MPC 47562		0.085			10.47			231	3	33	18	15			70			30	9b			0.5	2							

Tab Number: 19

Issue: Endoscopic Decompression of Spinal Cord Nerve

Code(s): 630X1

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	John Ratliff, MD
Specialty Society:	American Association of Neurological Surgeons
Date:	December 13, 2015

Tab Number: 19

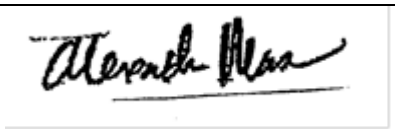
Issue: Endoscopic Decompression of Spinal Cord Nerve

Code(s): 630X1

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Signature:	
Print Name:	Alexander Mason, MD
Specialty Society:	Congress of Neurological Surgeons
Date:	December 13, 2015

Tab Number: 19

Issue: Endoscopic Decompression of Spinal Cord Nerve

Code(s): 630X1

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Signature:	
Print Name:	Morgan P. Lorio, MD
Specialty Society:	International Society for the Advancement of Spine Surgery
Date:	December 13, 2015

Tab Number: 19

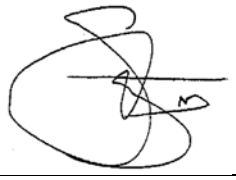
Issue: Endoscopic Decompression of Spinal Cord Nerve

Code(s): 630X1

Attestation Statement

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Signature:	
Print Name:	Karin Swartz, MD
Specialty Society:	North American Spine Society
Date:	December 13, 2015

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

630X1	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	090

Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Advisors from the participating specialties reviewed the standards for 90-day global procedures.

2. You must provide reference code(s) for comparison on your spreadsheet. Current inputs for 63030 are used as reference. This was a key reference code.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
The typical patients requiring these services will have a long standing history of low back pain. This procedure will be performed on an elective basis and all aspects of pre-service clinical staff work that is typical of 90-day global procedures will apply: complete pre-service diagnostic & referral forms, coordinate pre-surgery services, schedule space and equipment in facility, provide pre-service education/obtain consent, and follow-up phone calls & prescriptions.

Service Clinical Labor Activities:
Clinical staff will assist the surgeon with discharge management, including arrangements for post-discharge imaging, home care, and responding to patient and family questions.

Post-Service Clinical Labor Activities:
Clinical staff will assist the surgeon at post-op office visits.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

No inputs recommended for non facility site of service.

CPT Long Descriptor:

630X1	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	090

Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Advisors from the participating specialties reviewed the standards for 90-day global procedures.

2. You must provide reference code(s) for comparison on your spreadsheet. N/A

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
N/A

Service Clinical Labor Activities:
N/A.

Post-Service Clinical Labor Activities:
N/A

	A	B	C	D	E	F	G
1	Revised to include exam light per PE Subcommittee review - 01/13/16			REF CODE		Recommend	
2				63030		630X1	
3	**Meeting Date: 01/2016** **Tab: 19** **Specialty: AANS, CNS, NASS, ISASS**	**CMS Code**	**Staff Type**	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including		Endoscopic decompression of spinal cord, nerve root(s), including	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**N/A**	**180**	**N/A**	**138**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**0**	**60**	**0**	**60**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**0**	**12**	**0**	**6**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**0**	**108**	**0**	**72**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L037D**	RN/LPN/MTA		**5**		**5**
13	Coordinate pre-surgery services	**L037D**	RN/LPN/MTA		**20**		**20**
14	Schedule space and equipment in facility	**L037D**	RN/LPN/MTA		**8**		**8**
15	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA		**20**		**20**
16	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA		**7**		**7**
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	**L037D**	RN/LPN/MTA				**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)				**12**		
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions	**L037D**	RN/LPN/MTA				
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36		**3**		**2**
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**	**L037D**	RN/LPN/MTA		**108**		**72**
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack		**3**		**2**
60	pack, post-op incision care (staple)	SA052	pack		**1**		
61	pack, post-op incision care (suture)	SA054	pack				**1**
62	**EQUIPMENT**	**CODE**					
63	table, power	EF031			**108**		**72**

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2016

Mammography-Computer Aided Detection Bundling

In October 2013, the mammography G-codes were identified via the CMS/Other Source – Utilization over 250,000 screen. In January 2014, the RUC noted that both CPT codes and G-codes exist to describe screening/diagnostic mammography. The RUC recommended that it analyze the screening/diagnostic mammography services G0202, G0204 and G0206 and CPT codes 77057, 77056 and 77055 in September 2014, after the Proposed Rule was released and CMS addressed the RUC recommendation to convert the direct practice expense medical supply inputs from film to digital. In the NPRM for 2015, CMS stated it would update the direct PE inputs for all imaging codes to reflect the migration from film to digital storage technologies since digital storage is now typically used in imaging. CMS confirmed that the majority of all mammography is currently digital. As a result, CMS proposed that the CPT codes 77055-77057 be used for reporting mammography to Medicare regardless of whether film or digital technology is used and to delete G0202, G0204 and G0206. CMS proposed for CY 2015, to value the CPT codes using the values established for the digital mammography G-codes. In addition, since the G codes proposed to use for CY 2015 have not been reviewed since they were created in CY 2002, CMS proposed to include 77055, 77056 and 77057 to the list of potentially misvalued codes. In September 2014, the RUC recommended that these services be surveyed for work and review direct practice expense inputs at the January 2015 meeting. Prior to survey, the RUC noted that this service be referred to CPT to remove "film" from the descriptor for 77057 and survey for work and review direct practice expense inputs for April 2015. In April 2015, the specialty society requested that these services be referred to the CPT Editorial Panel to bundle computer aided detection (CAD) which is typically performed along with mammography. The RUC recommended that these services be referred to the CPT Editorial Panel for revision for CPT 2017. In October 2015, the CPT Editorial Panel deleted codes 77051, 77052, 77055, 77056, 77057 and created three new codes to describe mammography services with bundled computer-aided detection (CAD) and assumes that CMS will delete G-codes G0202, G0204, and G0206.

Compelling Evidence

The specialty society noted and the RUC agreed that there is compelling evidence that diagnostic and screening mammography has changed due to new technology and a change in patient population. The previous survey conducted in 2000, was based on film screen technique which was typical at the time. Since that time, full-field digital mammography (FFDM) has become typical and the use of FFDM is reflected in the current survey and recommendations. It takes significantly more time and effort to interpret FFDMs than the older analog mammograms. Now, there is much greater detail available for analysis such as many more calcifications that require additional scrutiny which were not visible with analog mammograms. Additionally, the patient population has changed to more informed patients who are knowledgeable that they have heterogeneously dense or extremely dense breasts and have many more questions that require the radiologist's time and involvement. Currently 24 states have breast density notification laws, 8 states are considering similar legislation and there is a push for federal breast density notification legislation.

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Therefore, there is an increase in interpretation time and effort as there is greater demand for the radiologist to be a resource to the patients to answer questions regarding the technique, the radiation exposure, various screening protocols, supplemental and alternatives to mammography as well as provide the diagnostic exam results to all patients.

770X1 ***Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral***
The RUC noted that the current work RVU of this service is 0.76 (current mammography 0.70 + CAD 0.06). The RUC agreed that work has increased to provide this service and therefore the work RVU should be higher than currently. The RUC reviewed the survey results from 76 radiologists and determined that survey median work RVU of 0.84 was slightly too high relative to the small increase in physician time, 2 minutes, indicated by the survey respondents. The RUC noted that although the increase in time is small, it does account for a substantial percentage (10%) of the total service since it is 21 minutes total time. The RUC recommends a direct crosswalk to the key reference code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU = 0.81). The RUC recommends 5 minutes of pre-service time, 10 minutes of intra-service time and 6 minutes of immediate post-service time. The RUC also compared the surveyed code to the second key reference service 76816 *Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus* (work RVU 0.85 and intra-service time of 15 minutes) and noted that the surveyed service requires slightly less physician time required to perform, therefore is valued appropriately. **The RUC recommends a work RVU of 0.81 for CPT code 770X1.**

770X2 ***Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral***
The RUC reviewed the survey results from 76 radiologists and determined that the survey median work RVU of 1.00 appropriately accounts for the physician work required to perform 770X2. The RUC indicated that 5 minutes of pre-time, 12 minutes of intra-service time and 7 minutes of immediate post-service time are appropriate for this bilateral service and noted that the times should probably be somewhat higher compared to the unilateral mammography time. The RUC compared the surveyed code to key reference services 76801 *Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation* (work RVU = 0.99 and 15 minutes intra-service time) and 74150 *Computed tomography, abdomen; without contrast material* (work RVU = 1.19 and 12 minutes intra-service time) and noted that the intensity and complexity, physician time and work RVU ranked appropriately in the middle of these two services. **The RUC recommends a work RVU of 1.00 for CPT code 770X2.**

770X3 ***Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed***
The RUC reviewed the survey results from 76 radiologists and determined that the current work RVU of 0.76 appropriately accounts for the physician work required to perform 770X3. The RUC noted that the survey responses displayed a narrow distribution, with the 25th percentile work RVU at 0.75 and the survey median work RVU at 0.80. The RUC recommended maintaining the current work RVU, the existing screening mammography plus CAD (0.70 + 0.06 = 0.76), which maintains appropriate relativity compared to the diagnostic bilateral examination. Screening mammograms are performed on asymptomatic women and require 4 minutes less time to complete compared to the diagnostic mammogram. The RUC compared the surveyed code to key reference services 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work

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RVU = 0.81 and 11 minutes intra-service time and 78227 *Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed* (work RVU = 0.90 and 15 minutes of intra-service time) and noted that 770X3 requires less physician work, time and intensity to complete and is therefore valued lower. **The RUC recommends a work RVU of 0.76 for CPT code 770X3.**

Practice Expense
The Practice Expense Subcommittee decreased some atypical clinical labor staff time and supply items. The significant change was to add a new piece of equipment, *PACS mammography workstation*. Different then most equipment time, the equipment time for this professional workstation will be directly tied to physician work time. For the diagnostic mammography services (770X1 and 770X2) the pre-, intra- and post-service physician work time will be used to calculate the equipment minutes. For the screening mammography service (770X3) the pre- and intra-service physician work time will be used to calculate the equipment minutes. This is because it is typical for a woman undergoing diagnostic mammography to be escorted to the work station and shown images, but it is not typical for a woman undergoing diagnostic mammography to be escorted to the work station and shown images. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

G-Codes
The RUC assumes CMS will delete the associated G-codes for these services (G0202, G0204 and G0206).

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
77061 *Digital breast tomosynthesis; unilateral* *77062* *bilateral* (Do not report 77061, 77062 in conjunction with 76376, 76377, ~~77057,~~ 770X3)				
D✚77051		~~Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)~~ ~~(Use 77051 in conjunction with 77055, 77056)~~ (77051 has been deleted. To report, see 770X1,770X2)	~~ZZZ~~	N/A

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D✚77052		~~screening mammography (List separately in addition to code for primary procedure)~~ ~~(Use 77052 in conjunction with 77057)~~ (77052 has been deleted. To report, use 770X3)	~~ZZZ~~	N/A
D77055		~~Mammography; unilateral~~	~~XXX~~	N/A
D77056		~~bilateral~~ ~~(Do not report 77055, 77056 in conjunction with 77063)~~ ~~(Use 77055, 77056 in conjunction with 77051 for computer-aided detection applied to a diagnostic mammogram)~~ (77055 has been deleted. To report, use 770X1) (77056 has been deleted. To report, use 770X2)	~~XXX~~	N/A
D77057		~~Screening mammography, bilateral (2-view study of each breast)~~ ~~(Do not report 77057 in conjunction with 77061, 77062)~~ ~~(Use 77057 in conjunction with 77052 for computer-aided detection applied to a screening mammogram)~~ ~~(For electrical impedance breast scan, use 76499)~~ (77057 has been deleted. To report, use 770X3)	~~XXX~~	N/A
DG0202		~~Screening mammography, producing direct digital image, bilateral, all views~~	~~XXX~~	N/A
DG0204		~~Diagnostic mammography, producing direct 2-D digital image, bilateral, all views~~	~~XXX~~	N/A

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DG0206		~~Diagnostic mammography, producing direct 2-D digital image, unilateral, all views~~	~~XXX~~	N/A
●770X1	V1	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	XXX	0.81
●770X2	V2	bilateral	XXX	1.00
●770X3	V3	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed (For electrical impedance breast scan, use 76499)	XXX	0.76

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code: 770X1 Tracking Number V1 Original Specialty Recommended RVU: **0.84**
Presented Recommended RVU: **0.84**
Global Period: XXX RUC Recommended RVU: **0.81**

CPT Descriptor: Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old asymptomatic female recalled from a screening mammogram for a unilateral focal asymmetry presents for further evaluation with unilateral diagnostic mammography with computer-aided detection.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review prior exams, including any notes, dictations, or annotations from prior reviewer, with attention to area of concern on previous screening mammograms including review with the technologist who will be performing the exam to determine which diagnostic views are needed for this examination.

Description of Intra-Service Work: Determine whether the diagnostic mammographic images of that side are of adequate quality for interpretation or whether any of the images require repeating due to motion unsharpness, inadequate positioning, or artifacts.
While the patient is in the department or facility, evaluate the current diagnostic images to determine if they resolve the focal asymmetry seen previously as overlapping breast tissue, or if an abnormality persists that requires further attention. Determine if additional diagnostic views are necessary, and review with the technologist. Compare the current diagnostic and recent screening exams to any older exams to evaluate for stability or interval change, or any additional suspicious findings.
Activate computer-aided detection (CAD). Evaluate any areas CAD has flagged for additional consideration. Compare those areas on current exam with recent screening mammograms and any older exams. Compare the new images to the contralateral side to assess for symmetry. Formulate recommendations. Dictate exam report. In states with dense breast notification legislation, include required verbiage informing the referring provider that his or her patient has dense breast tissue.

Description of Post-Service Work: Discuss results with patient. If diagnostic mammography resolved the issue for which the patient was recalled from screening, explain findings and provide reassurance. Encourage continued monthly self exam and regular screening mammography in absence of any breast symptoms. If diagnostic mammography demonstrates need for additional work-up such as ultrasound or core needle biopsy, explain to patient.

CPT Code: 770X1

As required by MQSA, complete “lay letter” informing the patient of the results of his or her diagnostic mammogram. In states with dense breast notification legislation, include required verbiage informing the patient she has dense breast tissue.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Zeke Silva III, MD; Kurt Schoppe, MD; Dana Smetherman, MD; Mark Alson, MD				
Specialty(s):	American College of Radiology				
CPT Code:	770X1				
Sample Size:	1000	**Resp N:**	76	**Response:** 7.6 %	
Description of Sample:	ACR selected a random sample of 500 from US/MD membership and a targeted sample of 500 US/MD members self-designating breast imagers (approved by Research).				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	11.00	99.00	**400.00**	925.00	3000.00
Survey RVW:	0.07	0.77	**0.84**	1.00	1.65
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	6.00	**10.00**	10.00	30.00

Immediate Post Service-Time:	**6.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	770X1	**Recommended Physician Work RVU: 0.81**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**6.00**	**0.00**	**6.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76700	XXX	0.81	**RUC Time**

CPT Descriptor Ultrasound, abdominal, real time with image documentation; complete

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76816	XXX	0.85	**RUC Time**

CPT Descriptor Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	295,472

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 27.6 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 15.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 770X1	Top Key Reference CPT Code: 76700	2nd Key Reference CPT Code: **76816**
Median Pre-Service Time	5.00	5.00	6.00
Median Intra-Service Time	10.00	11.00	15.00
Median Immediate Post-service Time	6.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**21.00**	**21.00**	**31.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.81	0.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.62	0.92
Urgency of medical decision making	0.67	0.33
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.38	0.83
Physical effort required	0.43	0.17

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.52	0.50
Outcome depends on the skill and judgment of physician	0.48	0.67
Estimated risk of malpractice suit with poor outcome	0.76	0.75

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.52	0.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
In recent years, two families of codes have been used to describe mammography: (1) 77055-77057 for film screen mammography and (2) G0202-G0206 for full field digital mammography (FFDM). These G-codes were created by CMS in response to the Benefits Improvement and Protection Act of 2000. For CY 2016, at the request of CMS and the RUC, CPT revised the descriptor for CPT code 77057 to remove the word "film," allowing for 77055-77057 to be used for the reporting of all mammography services, since FFDM technique is now typical. Computer-aided detection (CAD) codes are also typically used with mammography, and are reported by CPT codes 77051 and 77052.

The existing mammography codes are as follows:

CPT Code	Descriptor	Global Period
77055	Mammography; unilateral	XXX
77056	Mammography; bilateral	XXX
77057	Screening mammography, bilateral	XXX
G0202	Screening mammography, producing direct digital image, bilateral, all views	XXX
G0204	Diagnostic mammography, producing direct 2-D digital image, bilateral, all views	XXX
G0206	Diagnostic mammography, producing direct 2-D digital image, unilateral, all views	XXX
77051	CAD; diagnostic mammography	ZZZ
77052	CAD; screening mammography	ZZZ

CMS, through rule making, has requested review of the mammography codes. To that end, the CPT Editorial Panel created three new codes to modernize the reporting of mammography services. The three new codes describe diagnostic and screening mammography, including computer-aided detection (CAD) when performed. The new code structure is as follows:

CPT Code	Descriptor	Global Period
770X1	Diagnostic mammography with CAD, unilateral	XXX
770X2	Diagnostic mammography with CAD, bilateral	XXX
770X3	Screening mammography with CAD, bilateral	XXX

Survey Process:
The American College of Radiology performed a Research Committee approved random survey of: (1) a targeted subset of self-identified breast imagers and (2) a random sampling of our general membership. An expert panel, including a number of physicians familiar with these services, reviewed the data and developed the following recommendations.

General Recommendation:
The societies recommend the median work RVU and service period times for all 3 codes, which is an increase in RVUs and service period times compared to the existing codes.

Compelling Evidence:
Since our recommendations represent an increase in RVUs from the existing mammography codes, we provide the following compelling evidence.

Compelling evidence is satisfied based on a change in technique, which results in a change in physician work. The existing 70000 series mammography codes were last surveyed based on film screen technique which was typical at the time. Since that time, FFDM has become typical, and the use of FFDM is reflected in our current survey and recommendations. It has been widely acknowledged by breast imagers that it takes significantly more time and effort to interpret full-field digital mammograms than the older analog mammograms. There is now much greater detail available for analysis. As an example, many more calcifications are now seen that require scrutiny. These simply were not even visible with analog mammography.

In addition to an increase in interpretation time and effort, there are now many greater demands for the radiologist to be a resource to patients to answer questions regarding the technique, the radiation exposure, the various recommended screening protocols, the various supplemental exams to mammography, and the potential alternatives to mammography. Radiologists now give all patients results of their exams, either at the time of the encounter or in a letter after the exam is interpreted. These direct results are provided to patients for both screening and diagnostic mammograms. Some of the change in radiologist engagement has come about as the public has become more aware of breast tissue density and the impact it may have on mammography. Organizations such as ***Are You Dense?*** *http://www.areyoudense.org/* have made it their mission to educate the public about the risks and screening challenges of dense breast tissue and its impact on missed, delayed and advanced stage breast cancer. There are now breast density notification laws 24 states, with 8 states considering similar legislation, and a push for federal breast density notification legislation. Patients who are informed that they have heterogeneously dense or extremely dense breasts justifiably have many questions that require radiologist time and involvement. Mammography practiced in 2015-2016 is very different than the mammography that was valued by the RUC in 2000-2002.

Service Period Time Recommendations:
The society recommends the median service period times of 5 minutes pre-service, 10 minutes intra-service, and 6 minutes post-service.

Key Reference Service:
Our recommendation compares favorably to the #1 KRS 76700 *(Ultrasound, abdominal, w/ image documentation; complete)* chosen by 28% of respondents. 76700 has the same pre-service and total time, 1 minute more intra-service and 1 minute less post-service time than the surveyed code. The IWPUT is nearly identical also.

CPT Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
76700	Ultrasound, abdominal, real time with image documentation; complete	0.81	5	11	5	21	0.053
770X1	**Diagnostic mammography with CAD, unilateral**	**0.81**	**5**	**10**	**6**	**21**	**0.056**

MPC Code:
Our recommendation is supported by MPC code 78306 *(Bone and/or joint imaging; whole body)* which has comparable RVUs and service period times.

CPT Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
78306	Bone and/or joint imaging; whole body	0.86	5	8	5	18	0.080
770X1	**Diagnostic mammography with CAD, unilateral**	**0.81**	**5**	**10**	**6**	**21**	**0.056**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77051, 77055, G0206

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2485548
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 770X1 provided nationally in a one-year period is estimated to be 2,485,548.

Specialty Diagnostic Radiology Frequency 2372588 Percentage 95.45 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 828,516 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 770X1 is billed approximately 828,516 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 790863 Percentage 95.45 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. G0206

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code: 770X2 Tracking Number V2 Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
Global Period: XXX RUC Recommended RVU: **1.00**

CPT Descriptor: Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 53-year-old female with bilateral breast lumps palpated by her primary care provider presents for bilateral diagnostic mammography with computer-aided detection.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review orders with attention to current complaint of pain to determine if pain is focal or diffuse, and location of pain if focal, and evaluate for any additional complaints of lump, nodularity, or discharge. Discuss patient history with technologist who has met the patient and obtained initial diagnostic views.

Description of Intra-Service Work: Determine whether the diagnostic mammographic images are of adequate quality for interpretation or whether any of the images require repeating due to motion unsharpness, inadequate positioning, or artifacts.
While the patient is in the department or facility, evaluate the current diagnostic images to determine if there are abnormalities, post-surgical changes, normal variants, or other imaging findings in the areas of clinical concern that would account for the clinical findings, or if an abnormality persists that requires further attention. Determine if additional diagnostic views are necessary, and review with the technologist. Assess the remainder of both breasts. Compare the current diagnostic exams to any older exams to evaluate for stability or interval change, or any additional suspicious findings.
Activate computer-aided detection (CAD). Evaluate any areas CAD has flagged for additional consideration. Compare those areas on current exam with any older exams. Formulate recommendations. Dictate exam report. In states with dense breast notification legislation, include required verbiage informing the referring provider that his or her patient has dense breast tissue.

Description of Post-Service Work: Discuss results with patient. If diagnostic mammography resolved the issues for which the patient was sent for evaluation, explain findings and provide reassurance. Encourage continued monthly self-exam and regular screening mammography in absence of any breast symptoms. If diagnostic mammography demonstrates need for additional work-up such as ultrasound or core needle biopsy, explain to patient.

As required by MQSA, complete “lay letter” informing the patient of the results of his or her diagnostic mammogram. In states with dense breast notification legislation, include required verbiage informing the patient she has dense breast tissue.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Zeke Silva III, MD; Kurt Schoppe, MD; Dana Smetherman, MD; Mark Alson, MD		
Specialty(s):	American College of Radiology		
CPT Code:	770X2		
Sample Size: 1000	**Resp N:** 76	**Response:** 7.6 %	
Description of Sample:	ACR selected a random sample of 500 from US/MD membership and a targeted sample of 500 US/MD members self-designating breast imagers (approved by Research).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	11.00	100.00	**275.00**	563.00	5000.00
Survey RVW:	0.50	0.95	**1.00**	1.19	2.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**12.00**	13.00	30.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	770X2	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76801	XXX	0.99	**RUC Time**

CPT Descriptor Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74150	XXX	1.19	**RUC Time**

CPT Descriptor Computed tomography, abdomen; without contrast material

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76805	XXX	0.99	**RUC Time**	11,355

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 30.2 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 18.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 770X2	Top Key Reference CPT Code: 76801	2nd Key Reference CPT Code: **74150**
Median Pre-Service Time	5.00	5.00	3.00
Median Intra-Service Time	12.00	15.00	12.00
Median Immediate Post-service Time	7.00	7.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**24.00**	**27.00**	**20.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.83	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.70	1.21
Urgency of medical decision making	0.65	1.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.61	1.00
Physical effort required	0.39	0.86

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.61	1.00
Outcome depends on the skill and judgment of physician	0.87	1.36
Estimated risk of malpractice suit with poor outcome	0.74	1.86

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.57	1.43

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
In recent years, two families of codes have been used to describe mammography: (1) 77055-77057 for film screen mammography and (2) G0202-G0206 for full field digital mammography (FFDM). These G-codes were created by CMS in response to the Benefits Improvement and Protection Act of 2000. For CY 2016, at the request of CMS and the RUC, CPT revised the descriptor for CPT code 77057 to remove the word "film", allowing for 77055-77057 to be used for the reporting of all mammography services, since FFDM technique is now typical. Computer-aided detection (CAD) codes are also typically used with mammography, and are reported by CPT codes 77051 and 77052.

The existing mammography codes are as follows:

CPT Code	Descriptor	Global Period
77055	Mammography; unilateral	XXX
77056	Mammography; bilateral	XXX
77057	Screening mammography, bilateral	XXX
G0202	Screening mammography, producing direct digital image, bilateral, all views	XXX
G0204	Diagnostic mammography, producing direct 2-D digital image, bilateral, all views	XXX
G0206	Diagnostic mammography, producing direct 2-D digital image, unilateral, all views	XXX
77051	CAD; diagnostic mammography	ZZZ
77052	CAD; screening mammography	ZZZ

CMS, through rule making, has requested review of the mammography codes. To that end, the CPT Editorial Panel created three new codes to modernize the reporting of mammography services. The three new codes describe diagnostic and screening mammography, including computer-aided detection (CAD) when performed. The new code structure is as follows:

CPT Code	Descriptor	Global Period
770X1	Diagnostic mammography with CAD, unilateral	XXX
770X2	Diagnostic mammography with CAD, bilateral	XXX
770X3	Screening mammography with CAD, bilateral	XXX

Survey Process:
The American College of Radiology performed a Research Committee approved random survey of: (1) a targeted subset of self-identified breast imagers and (2) a random sampling of our general membership. An expert panel, including a number of physicians familiar with these services, reviewed the data and developed the following recommendations.

General Recommendation:
The societies recommend the median work RVU and service period times for all 3 codes, which is an increase in RVUs and service period times compared to the existing codes.

Compelling Evidence:
Since our recommendations represent an increase in RVUs from the existing mammography codes, we provide the following compelling evidence.

Compelling evidence is satisfied based on a change in technique, which results in a change in physician work. The existing 70000 series mammography codes were last surveyed based on film screen technique which was typical at the time. Since that time, FFDM has become typical, and the use of FFDM is reflected in our current survey and recommendations. It has been widely acknowledged by breast imagers that it takes significantly more time and effort to interpret full-field digital mammograms than the older analog mammograms. There is now much greater detail available for analysis. As an example, many more calcifications are now seen that require scrutiny. These simply were not even visible with analog mammography.

In addition to an increase in interpretation time and effort, there are now many greater demands for the radiologist to be a resource to patients to answer questions regarding the technique, the radiation exposure, the various recommended screening protocols, the various supplemental exams to mammography, and the potential alternatives to mammography. Radiologists now give all patients results of their exams, either at the time of the encounter or in a letter after the exam is interpreted. These direct results are provided to patients for both screening and diagnostic mammograms. Some of the change in radiologist engagement has come about as the public has become more aware of breast tissue density and the impact it may have on mammography. Organizations such as ***Are You Dense?*** *http://www.areyoudense.org/* have made it their mission to educate the public about the risks and screening challenges of dense breast tissue and its impact on missed, delayed and advanced stage breast cancer. . There are now breast density notification laws 24 states, with 8 states considering similar legislation, and a push for federal breast density notification legislation. Patients who are informed that they have heterogeneously dense or extremely dense breasts justifiably have many questions that require radiologist time and involvement. Mammography practiced in 2015-2016 is very different than the mammography that was valued by the RUC in 2000-2002.

Work Recommendation:
The society recommends the median work RVU of 1.00 RVUs.

Service Period Time Recommendations:
The society recommends the median service period times of 5 minutes pre-service, 12 minutes intra-service and 7 minutes post-service.

Key Reference Service:
Our recommendation compares favorably to the #1 KRS 76801 *(Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation)* chosen by 30% of respondents. These two services have nearly the same RVU and identical pre and post service times. While 770X2 has 3 minutes less intra-service time, it is a service of greater intensity so the comparison is appropriate. In fact, respondents rated the surveyed code greater in intensity on 11 of 11 measures, with the highest relative measure involving the "Estimated risk of malpractice suit with poor outcome."

CPT Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	0.99	5	15	7	23	0.048
770X2	**Diagnostic mammography with CAD, bilateral**	**1.00**	**5**	**12**	**7**	**24**	**0.061**

MPC Code:
Our recommendation is supported by MPC code 76805 *(Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation)* which has comparable RVUs and service period times. Diagnostic mammography is more intense than many other services, including fetal survey, because by definition, diagnostic mammography has a previously identified abnormality that must be evaluated and patient disposition immediately determined. The radiologist must do everything he or she deems necessary to determine if the exam is normal and nothing further is needed, or if the issues are caused by probably benign findings, in which case short interval follow-up is appropriate, or if the abnormalities suggest malignancy, for which further imaging or biopsy will be recommended.

CPT Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	0.99	5	15	6	26	0.050
770X2	**Diagnostic mammography with CAD, bilateral**	**1.00**	**5**	**12**	**7**	**24**	**0.061**

Summary:
Our recommendation for 770X2: 1.00 RVUs and service period times of 5 pre, 12 intra, and 7 post compares favorably to the KRS code and the MPC codes described herein.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77056, G0204, 77051

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1979781
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 770X2 provided nationally in a one-year period is estimated to be 1,979,781.

Specialty Diagnostic Radiology Frequency 1877278 Percentage 94.82 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 659,927 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 770X2 were billed approximately 659,927 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 625759 Percentage 94.82 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. G0204

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code: 770X3 Tracking Number V3 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.76**
Global Period: XXX RUC Recommended RVU: **0.76**

CPT Descriptor: Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 46-year-old asymptomatic female presents for her annual screening mammogram with computer-aided detection.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review patient history questionnaire and technologist notes to assure patient was indeed a candidate for screening and not in need of a diagnostic study for any sign or symptom. Assess patient risk factors from questionnaire.

Description of Intra-Service Work: Determine whether the screening mammographic images are of adequate quality for interpretation or whether any of the images require repeating due to motion unsharpness inadequate positioning, or artifacts.
Compare the current screening exams to any older exams to evaluate for stability or interval change. Evaluate the current screening images to determine if there are any findings that require additional evaluation with diagnostic mammography.
Activate computer-aided detection (CAD). Evaluate any areas CAD has flagged for additional consideration. Compare those areas on current exam with any older exams. Determine if there is need to recall the patient for diagnostic mammography for additional evaluation of any areas flagged by CAD. Dictate exam report. In states with dense breast notification legislation, include required verbiage informing the referring provider that his or her patient has dense breast tissue.

Description of Post-Service Work: As required by MQSA, complete “lay letter” informing the patient of the results of his or her screening mammogram. In states with dense breast notification legislation, include required verbiage informing the patient she has dense breast tissue.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Zeke Silva III, MD; Kurt Schoppe, MD; Dana Smetherman, MD; Mark Alson, MD		
Specialty(s):	American College of Radiology		
CPT Code:	770X3		
Sample Size:	1000	**Resp N:** 76	**Response:** 7.6 %
Description of Sample:	ACR selected a random sample of 500 from US/MD membership and a targeted sample of 500 US/MD members self-designating breast imagers (approved by Research).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	11.00	255.00	**2000.00**	3125.00	15000.00
Survey RVW:	0.30	0.75	**0.80**	0.87	1.90
Pre-Service Evaluation Time:			**2.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	4.00	**6.00**	9.00	15.00

Immediate Post Service-Time:	**2.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	770X3	**Recommended Physician Work RVU: 0.76**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**2.00**	**0.00**	**2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**6.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76700	XXX	0.81	**RUC Time**

CPT Descriptor Ultrasound, abdominal, real time with image documentation; complete

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78227	XXX	0.90	**RUC Time**

CPT Descriptor Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
45300	000	0.80	**RUC Time**	31,827

CPT Descriptor 1 Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 20 **% of respondents:** 26.3 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 11.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 770X3	Top Key Reference CPT Code: 76700	2nd Key Reference CPT Code: **78227**
Median Pre-Service Time	2.00	5.00	6.00
Median Intra-Service Time	6.00	11.00	15.00
Median Immediate Post-service Time	2.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**10.00**	**21.00**	**26.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.80	0.22
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.70	0.00
Urgency of medical decision making	0.50	-0.44
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.45	0.44
Physical effort required	0.50	-0.11

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.55	0.33
Outcome depends on the skill and judgment of physician	0.70	1.22
Estimated risk of malpractice suit with poor outcome	0.75	1.33

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.70	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
In recent years, two families of codes have been used to describe mammography: (1) 77055-77057 for film screen mammography and (2) G0202-G0206 for full field digital mammography (FFDM). These G-codes were created by CMS in response to the Benefits Improvement and Protection Act of 2000. For CY 2016, at the request of CMS and the RUC, CPT revised the descriptor for CPT code 77057 to remove the word "film", allowing for 77055-77057 to be used for the reporting of all mammography services, since FFDM technique is now typical. Computer-aided detection (CAD) codes are also typically used with mammography, and are reported by CPT codes 77051 and 77052.

The existing mammography codes are as follows:

CPT Code	Descriptor	Global Period
77055	Mammography; unilateral	XXX
77056	Mammography; bilateral	XXX
77057	Screening mammography, bilateral	XXX
G0202	Screening mammography, producing direct digital image, bilateral, all views	XXX
G0204	Diagnostic mammography, producing direct 2-D digital image, bilateral, all views	XXX
G0206	Diagnostic mammography, producing direct 2-D digital image, unilateral, all views	XXX
77051	CAD; diagnostic mammography	ZZZ
77052	CAD; screening mammography	ZZZ

CMS, through rule making, has requested review of the mammography codes. To that end, the CPT Editorial Panel created three new codes to modernize the reporting of mammography services. The three new codes describe diagnostic and screening mammography, including computer-aided detection (CAD) when performed. The new code structure is as follows:

CPT Code	Descriptor	Global Period
770X1	Diagnostic mammography with CAD, unilateral	XXX
770X2	Diagnostic mammography with CAD, bilateral	XXX
770X3	Screening mammography with CAD, bilateral	XXX

Survey Process:
The American College of Radiology performed a Research Committee approved random survey of: (1) a targeted subset of self-identified breast imagers and (2) a random sampling of our general membership. An expert panel, including a number of physicians familiar with these services, reviewed the data and developed the following recommendations.

General Recommendation:
The societies recommend the median work RVU and service period times for all 3 codes, which is an increase in RVUs and service period times compared to the existing codes.

Compelling Evidence:
Since our recommendations represent an increase in RVUs from the existing mammography codes, we provide the following compelling evidence.

Compelling evidence is satisfied based on a change in technique, which results in a change in physician work. The existing 70000 series mammography codes were last surveyed based on film screen technique which was typical at the time. Since that time, FFDM has become typical, and the use of FFDM is reflected in our current survey and recommendations. It has been widely acknowledged by breast imagers that it takes significantly more time and effort to interpret full-field digital mammograms than the older analog mammograms. There is now much greater detail available for analysis. As an example, many more calcifications are now seen that require scrutiny. These simply were not even visible with analog mammography.

In addition to an increase in interpretation time and effort, there are now many greater demands for the radiologist to be a resource to patients to answer questions regarding the technique, the radiation exposure, the various recommended screening protocols, the various supplemental exams to mammography, and the potential alternatives to mammography. Radiologists now give all patients results of their exams, either at the time of the encounter or in a letter after the exam is interpreted. These direct results are provided to patients for both screening and diagnostic mammograms. Some of the change in radiologist engagement has come about as the public has become more aware of breast tissue density and the impact it may have on mammography. Organizations such as ***Are You Dense?*** *http://www.areyoudense.org/* have made it their mission to educate the public about the risks and screening challenges of dense breast tissue and its impact on missed, delayed and advanced stage breast cancer. . There are now breast density notification laws 24 states, with 8 states considering similar legislation, and a push for federal breast density notification legislation. Patients who are informed that they have heterogeneously dense or extremely dense breasts justifiably have many questions that require radiologist time and involvement. Mammography practiced in 2015-2016 is very different than the mammography that was valued by the RUC in 2000-2002.

Service Period Time Recommendations:
The society recommends the median service period times of 2 minutes pre-service, 6 minutes intra-service and 2 minutes post-service. This is the same intra-service time as the existing codes and 3 minutes less post time than the existing codes.

Key Reference Service:
The #1 KRS for 770X3 is 76700 *(Ultrasound, abdominal, real time with image documentation; complete)* chosen by 26% of respondents. 76700 has a nearly identical RVU but longer service period times. Screening mammography is considered more intense by radiologists because of the risk and concordant stress of missing breast cancer in an otherwise healthy patient. While it is never desirable to miss gallstones or hydronephrosis during an abdominal ultrasound, those processes, if missed, will cause the patient or his/her physician to seek additional testing such as laboratory analysis or additional imaging such as CT if the signs or symptoms continue. Screening mammograms are performed on asymptomatic women, so if the radiologist determines the exam is normal, that woman will likely receive no further breast evaluation until her breast exam and mammogram next year, since many women unfortunately do not perform their monthly self breast exams with regularity. Therefore, if the radiologist misses an abnormality, there is no "backstop" or "second chance" at detection of a small cancer until the patient presents with a larger mass. Because a missed diagnosis of breast cancer is the most common cause of a lawsuit against radiologists, and because there is no second chance for detection once an exam is interpreted as negative, there is great intensity in reading screening mammograms.

CPT Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
76700	Ultrasound, abdominal, real time with image documentation; complete	0.81	5	11	5	21	0.053
770X3	**Screening mammography with CAD, bilateral**	**0.76**	**2**	**6**	**2**	**10**	**0.112**

MPC Code:
Our recommendation is supported by MPC code 45300 *(Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure))* which has the same RVU and yet longer service period times. The greater intensity relates to factors which are similar to those described for our key reference service, including the psychological stress associated with malpractice risk from a poor outcome.

CPT Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	0.80	5	10	10	27	0.042
770X3	**Screening mammography with CAD, bilateral**	**0.76**	**2**	**6**	**2**	**10**	**0.112**

Summary:
Our recommendation for 770X3: 0.80 RVUs and service period times of 2 pre, 6 intra, and 2 post compares favorably to the KRS code and the MPC codes described herein. Importantly, this is the same pre and intra-service times as the existing screening mammography code plus CAD, but 3 minutes less post service time. As described in our compelling evidence discussions, the increased intensity is justified by the change in technology from film screen to full field digital mammography technique.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77057, G0202, 77052

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 17294841
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 770X3 provided nationally in a one-year period is estimated to be 17,294,841.

Specialty Diagnostic Radiology Frequency 16327473 Percentage 94.40 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,764,947 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 770X3 was billed approximately 5,764,947 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 5442491 Percentage 94.40 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Breast

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. G0202

SS Rec Summary

ISSUE: Mammography (770X1-770X3)

TAB: 20

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	76700	Ultrasound, abdominal, real time with image documentation; complete	21	0.053			0.81			21	5					11			5
2nd REF	76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by	12	0.033			0.85			31	6					15			10
Aug-00	77055	Mammography; unilateral		0.060			0.70			19.5	4.5					7			8
Sep-03	77051	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)		0.060			0.06			1						1			
Current							0.76			20.5	4.5					8			8
SVY	770X1	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral (For electrical impedance breast scan, use 76499)	76	0.059	0.07	0.77	0.84	1.00	1.65	21	5			3	6	10	10	30	6
ACR-Targeted	770X1		61	0.058	0.07	0.76	0.85	1.00	1.50	22	5			3	5	10	10	20	7
ACR-Random	770X1		15	0.064	0.66	0.77	0.80	0.84	1.65	19	5			3	8	9	11	30	5
REC	770X1	crosswalk to 76700		0.056			0.81			21	5					10			6

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	23	0.048			0.99			27	5					15			7
2nd REF	74150	Computed tomography, abdomen; without contrast material	14	0.084			1.19			20	3					12			5
Aug-00	77056	Mammography; bilateral		0.058			0.87			23	5					10			8
Sep-03	77051	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)		0.060			0.06			1						1			
Current							0.93			24	5					11			8
SVY	770X2	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral (For electrical impedance breast scan, use 76499)	76	0.061	0.50	0.95	1.00	1.19	2.50	24	5			3	10	12	13	30	7
ACR-Targeted	770X2		61	0.066	0.50	0.95	1.08	1.20	2.00	25	5			3	10	12	13	30	8
ACR-Random	770X2		15	0.058	0.66	0.92	0.96	1.00	2.50	24	6			5	11	12	14	30	6
REC	770X2			0.061			1.00			24	5					12			7

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	76700	Ultrasound, abdominal, real time with image documentation; complete	20	0.053			0.81			21	5					11			5
2nd REF	78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	9	0.044			0.90			26	6					15			5
Aug-00	77057	Screening mammography, bilateral (2-view study of each breast)		0.109			0.70			12	2					5			5
Sep-03	77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)		0.060			0.06			1						1			
	Current						0.76			13	2					6			5
SVY	770X3	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed (For electrical impedance breast scan, use 76499)	76	0.118	0.30	0.75	0.80	0.87	1.90	10	2			2	4	6	9	15	2
ACR-Targeted	770X3		61	0.142	0.30	0.75	0.80	0.89	1.50	9	2			2	4	5	9	15	2
ACR-Random	770X3		15	0.070	0.59	0.75	0.78	0.81	1.90	18	5			3	5	8	9	15	5
REC	770X3			0.112			0.76			10	2					6			2

14
15
20
38
39
47
Tab Number

Dialysis Circuit
Open and Percutaneous Transluminal Angioplasty
Mammography-Computer Aided Detection Bundling
Intracranial Endovascular Intervention
MRI Face
Non-invasive Physiologic Studies of Extremity Veins
Issue

369X1-369X9
372X1-372X4
770X1-770X3
61640-61642
70540, 70542-70543
93965
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

December 15, 2015
Date

14
15
20
38
39
47
Tab Number

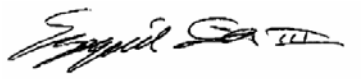
Dialysis Circuit
Open and Percutaneous Transluminal Angioplasty
Mammography-Computer Aided Detection Bundling
Intracranial Endovascular Intervention
MRI Face
Non-invasive Physiologic Studies of Extremity Veins
Issue

369X1-369X9
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70540, 70542, 70543
93965
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

Ezequiel Silva III, MD, FACR
Printed Signature

American College of Radiology
Specialty Society

December 15, 2015
Date

CPT Code:_ 770X1, 770X2, 770X3
Specialty Society('s)_American College of Radiology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

770X1	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
770X2	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
770X3	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed

Global Period: XXX Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology (ACR) convened a consensus panel to finalize the practice expense data for mammography codes with computer-aided detection (CAD), 770X1, 770X2, and 770X3.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The ACR included the existing PE inputs for film screen mammography codes, 77055-77057, CAD codes 77051-77052, and the recently-surveyed digital breast tomosynthesis (DBT) codes, 77061-77063, which are included to show consistency within the larger family of mammography codes.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

- **Availability of prior images confirmed** – Clinically appropriate, and consistent with RUC-approved times for the DBT codes. A patient may have multiple films from several different practices that the tech must collate and review prior to the exam. A patient may have a long history of prior exams since mammo is recommended to be performed at least every two years.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose page**- CMS [2016 MPFS Final Rule] and the RUC [2016 MPFS Final Rule Comment Letter] has acknowledged that this activity may vary based on the complexity of the exam. Thus, no standard exists for this activity. The specialties do acknowledge that our recommendation is an increase over codes reviewed before the 2016 MPFS Final Rule release. The QC activities associated with Mammography with CAD are defined by MQSA requiring additional time to ensure these standards are met and that the acquisition is sufficient to evaluate for subtle masses, densities and micro-calcifications. It is also critical that the entire breast tissue is included including the axillary region and breast tail.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Technologist QC's images in PACS, checking for all images, reformats, and dose page**- CMS [2016 MPFS Final Rule] and the RUC [2016 MPFS Final Rule Comment Letter] has acknowledged that this activity may vary based on the complexity of the exam. Thus, no standard exists for this activity. The specialties do acknowledge that our recommendation is an increase over codes reviewed before the 2016 MPFS Final Rule release. The QC activities associated with Mammography with CAD are defined by MQSA requiring additional time to ensure these standards are met and that the acquisition is sufficient to evaluate for subtle masses, densities and micro-calcifications. It is also critical that the entire breast tissue is included including the axillary region and breast tail.
- **markers, radiographic, multi-modality (SD096)** – clinically necessary supply. These markers are placed on the patient's skin to mark scars, moles, and/or palpable abnormalities, which will assist in the review of the images. These markers are not reusable.
- **PACS Mammo Workstation** – In the CY 2016 MPFS Final Rule, CMS asserts that some costs of the professional workstation may be analogous to costs previously incorporated as direct PE inputs. This is used by the interpreting physician so the time equals the sum of the following activities: (1) technologist – review exam with MD; (2) the physician intra-service time. The specialties are recommending that this equipment time equal the sum of the physician work pre-service time, intra-service time, and post-service time for the diagnostic mammo codes, 770X1 and 770X2 since the physician typically reviews images with the patient immediately after the procedure. We are recommending that the equipment time for the screening code, 770X3 only include the physician work pre-service time and intra-service time.
- **Room, digital mammography** – New input and clinically necessary as a substitute for the current film screen mammography room (EL013)

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Provide pre-service education/obtain consent
- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire images
- Clean room/equipment by physician staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue
- Accompany MD for discussion of results

Post-Service Clinical Labor Activities:

- Federally Mandated MQSA Activities Allocated To Each Mammogram

	A	B	C	D	F	H	J	L	N	P
1	REVISED AT RUC 1/13/16			FERENCE CO	EFERENCE COD	REFERENCE CODE		EFERENCE COD	REFERENCE CODE	REFERENCE CODE
2	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.			77061	77055	77051	770X1	77062	77056	77051
3	**Meeting Date: January 2016** **Tab: 20 - Mammo w/CAD** **Specialty: ACR**	**CMS Code**	**Staff Type**	Digital breast tomosynthesis; unilateral **(RUC Approved Apr 2014)**	Mammography; unilateral **(2015 RUC DB)**	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure) **(Sept 2003 RUC)**	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral **(Jan 2016 RUC)**	Digital breast tomosynthesis; bilateral **(RUC Approved Apr 2014)**	Mammography; bilateral **(2015 RUC DB)**	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure) **(Sept 2003 RUC)**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**ZZZ**	**XXX**	**XXX**	**XXX**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**38.0**	**42.0**	**5.0**	**39.0**	**42.0**	**51.0**	**5.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**5.0**	**7.0**	**0.0**	**5.0**	**5.0**	**7.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**29.0**	**28.0**	**5.0**	**30.0**	**33.0**	**37.0**	**5.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**4.0**	**7.0**	**0.0**	**4.0**	**4.0**	**7.0**	**0.0**
10	**PRE-SERVICE**									
11	**Start: Following visit when decision for surgery or procedure made**									
12	Complete pre-service diagnostic & referral forms									
13	Coordinate pre-surgery services									
14	Schedule space and equipment in facility									
15	Provide pre-service education/obtain consent									
16	Follow-up phone calls & prescriptions									
17	Availability of prior images confirmed	L043A	Mammo Tech	**3**	**5**		**3**	**3**	**5**	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L043A	Mammo Tech	**2**	**2**		**2**	**2**	**2**	
19	Other Clinical Activity - *specify:*									
20	**End: When patient enters office/facility for surgery/procedure**									
21	**SERVICE PERIOD**									
22	**Start: When patient enters office/facility for surgery/procedure:**									
23	Greet patient, provide gowning, ensure appropriate medical records are available	L043A	Mammo Tech	**3**	**3**		**3**	**3**	**3**	
24	Obtain vital signs									
25	Provide pre-service education/obtain consent	L043A	Mammo Tech	**2**	**2**		**2**	**2**	**2**	
26	Prepare room, equipment, supplies	L043A	Mammo Tech	**2**	**2**		**2**	**2**	**2**	
27	Setup scope (non facility setting only)									
28	Prepare and position patient/ monitor patient/ set up IV	L043A	Mammo Tech	**1**	**1**		**1**	**2**	**2**	
29	Sedate/apply anesthesia									
30	Other Clinical Activity - specify:									
31	**Intra-service**									
32	Acquire images	L043A	Mammo Tech	**10**	**10**		**10**	**13**	**13**	
33	**Post-Service**									
34	Monitor pt. following moderate sedation									
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)									
36	Clean room/equipment by physician staff	L043A	Mammo Tech	**3**	**3**		**3**	**3**	**3**	
37	Clean Scope									
38	Clean Surgical Instrument Package									
39	Complete diagnostic forms, lab & X-ray requisitions									
40	Review/read X-ray, lab, and pathology reports									
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions									
42	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L043A	Mammo Tech	**2**	**5**		**4**	**2**	**10**	
43	Review examination with interpreting MD	L043A	Mammo Tech	**3**			**2**	**3**		
44	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L043A	Mammo Tech	**1**			**1**	**1**		

	A	B	C	D	F	H	J	L	N	P
1	**REVISED AT RUC 1/13/16**			**FERENCE CO**	**EFERENCE COD**	**REFERENCE CODE**		**EFERENCE COD**	**REFERENCE CODE**	**REFERENCE CODE**
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**77061**	**77055**	**77051**	**770X1**	**77062**	**77056**	**77051**
3	**Meeting Date: January 2016** **Tab: 20 - Mammo w/CAD** **Specialty: ACR**	**CMS Code**	**Staff Type**	Digital breast tomosynthesis; unilateral **(RUC Approved Apr 2014)**	Mammography; unilateral **(2015 RUC DB)**	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure) **(Sept 2003 RUC)**	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral **(Jan 2016 RUC)**	Digital breast tomosynthesis; bilateral **(RUC Approved Apr 2014)**	Mammography; bilateral **(2015 RUC DB)**	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure) **(Sept 2003 RUC)**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**ZZZ**	**XXX**	**XXX**	**XXX**	**ZZZ**
45	Other Clinical Activity - *specify:* *Acompany MD for discussion of results*	L043A	Mammo Tech	**2**	**2**		**2**	**2**	**2**	
46	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)				**n/a**	**n/a**	**n/a**		**n/a**	**n/a**
47	Dischrg mgmt (1.0 x 99238) (enter 12 min)				**n/a**	**n/a**	**n/a**		**n/a**	**n/a**
48	Dischrg mgmt (1.0 x 99239) (enter 15 min)				**n/a**	**n/a**	**n/a**		**n/a**	**n/a**
49	**End: Patient leaves office**									
50	**POST-SERVICE Period**									
51	**Start: Patient leaves office/facility**									
52	Conduct phone calls/call in prescriptions									
60	Other Clinical Activity - *specify:*									
61	-Hang films on the dedicated mammography alternator for interpretation by the physician, with prior films for a comparison (when available)	L043A	Mammo Tech		**3**				**3**	
62	**Federally Mandated MQSA Activities Allocated To Each Mammogram**	L043A	Mammo Tech	**4**	**4**		**4**	**4**	**4**	
63	*MQSA required accreditation applications/updates/completing data logs/FDA inspection specific to mammography service)*									
64	*MQSA required patient notification, patient outcoming monitoring (enter and maintain patient results, outcomes, follow-up and reminders) specific to mammography services*									
65	*Maintain physician qualifications, outcomes and CME*									
66	*Daily, weekly and monthly quality checks mammography units and processors, Daily sensitometry/densitometry performance*									
67	**End: with last office visit before end of global period**									
68	**MEDICAL SUPPLIES***	**CODE**	**UNIT**							
69	drape, non-sterile, sheet 40in x 60in	SB006	item		**1**		**1**		**1**	
70	gloves, non-sterile	SB022	pair	**1**	**1**		**1**		**1**	
71	gown, patient	SB026	item	**1**	**1**		**1**		**1**	
72	towel, professional 13in x 18in	SB043	item		**1**		**1**		**1**	
73	markers, radiographic, multi-modality	SD096	item				**1**			
74	gauze, non-sterile 4in x 4in	SG051	item		**2**		**2**		**4**	
75	patient education booklet	SK062	item	**1**	**1**		**1**		**1**	
76	skin marking pen, sterile (Skin Skribe)	SK075	item		**1**		**0**		**1**	
77	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	**0.5**	**0.5**		**0.5**		**0.5**	
78	sanitizing cloth-wipe (patient)	SM021	item	**1**	**1**		**1**		**2**	
79	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**3**	**3**		**3**		**6**	
80	**EQUIPMENT**	**CODE**								
81	PACS Workstation Proxy	ED050		**29**	**28**	**5**	**30**	**33**	**37**	**5**
82	**PACS Mammo Workstation**	**NEW**					**21**			
83	multimodality software	ED051								
84	CAD processor unit (mammography)	ED001				**5**				**5**
85	room, mammography	EL013			**28**				**37**	
86	**room, digital mammography**	**NEW**					**20**			
87	DBT unit	ER013								

	A	B	C	R	T	V	X	Z
1	**REVISED AT RUC 1/13/16**				**REFERENCE CODE**	**REFERENCE COD**	**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**770X2**	**77063**	**77057**	**77052**	**770X3**
3	**Meeting Date: January 2016** **Tab: 20 - Mammo w/CAD** **Specialty: ACR**	**CMS Code**	**Staff Type**	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral **(Jan 2016 RUC)**	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure) **(RUC Approved Apr 2014)**	Screening mammography, bilateral (2-view study of each breast) **(2015 RUC DB)**	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure) **(2015 RUC DB)**	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed **(Jan 2016 RUC)**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**ZZZ**	**XXX**	**ZZZ**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**43.0**	**12.0**	**32.0**	**5.0**	**32.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**5.0**	**0.0**	**2.0**	**0.0**	**5.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**34.0**	**12.0**	**23.0**	**5.0**	**23.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L043A**	**Mammo Tech**	**4.0**	**0.0**	**7.0**	**0.0**	**4.0**
10	**PRE-SERVICE**							
11	**Start: Following visit when decision for surgery or procedure made**							
12	Complete pre-service diagnostic & referral forms							
13	Coordinate pre-surgery services							
14	Schedule space and equipment in facility							
15	Provide pre-service education/obtain consent							
16	Follow-up phone calls & prescriptions							
17	Availability of prior images confirmed	L043A	Mammo Tech	**3**		**2**		**3**
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L043A	Mammo Tech	**2**				**2**
19	Other Clinical Activity - *specify:*							
20	**End: When patient enters office/facility for surgery/procedure**							
21	**SERVICE PERIOD**							
22	**Start: When patient enters office/facility for surgery/procedure:**							
23	Greet patient, provide gowning, ensure appropriate medical records are available	L043A	Mammo Tech	**3**		**3**		**3**
24	Obtain vital signs							
25	Provide pre-service education/obtain consent	L043A	Mammo Tech	**2**	**2**	**2**		**2**
26	Prepare room, equipment, supplies	L043A	Mammo Tech	**2**		**2**		**2**
27	Setup scope (non facility setting only)							
28	Prepare and position patient/ monitor patient/ set up IV	L043A	Mammo Tech	**2**	**2**	**2**		**2**
29	Sedate/apply anesthesia							
30	Other Clinical Activity - specify:							
31	**Intra-service**							
32	Acquire images	L043A	Mammo Tech	**13**	**6**	**6**		**6**
33	**Post-Service**							
34	Monitor pt. following moderate sedation							
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)							
36	Clean room/equipment by physician staff	L043A	Mammo Tech	**3**		**3**		**3**
37	Clean Scope							
38	Clean Surgical Instrument Package							
39	Complete diagnostic forms, lab & X-ray requisitions							
40	Review/read X-ray, lab, and pathology reports							
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions							
42	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L043A	Mammo Tech	**4**	**2**	**5**		**4**
43	Review examination with interpreting MD	L043A	Mammo Tech	**2**				**~~2~~ 0**
44	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L043A	Mammo Tech	**1**				**1**

	A	B	C	R	T	V	X	Z
1	**REVISED AT RUC 1/13/16**				**REFERENCE CODE**	**REFERENCE COD**	**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**770X2**	**77063**	**77057**	**77052**	**770X3**
3	**Meeting Date: January 2016** **Tab: 20 - Mammo w/CAD** **Specialty: ACR**	**CMS Code**	**Staff Type**	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral **(Jan 2016 RUC)**	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure) **(RUC Approved Apr 2014)**	Screening mammography, bilateral (2-view study of each breast) **(2015 RUC DB)**	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure) **(2015 RUC DB)**	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed **(Jan 2016 RUC)**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**ZZZ**	**XXX**	**ZZZ**	**XXX**
45	Other Clinical Activity - *specify:* *Acompany MD for discussion of results*	~~L043A~~	~~Mammo Tech~~	**2**				
46	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	**n/a**	**n/a**
47	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	**n/a**	**n/a**
48	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	**n/a**	**n/a**
49	**End: Patient leaves office**							
50	**POST-SERVICE Period**							
51	**Start: Patient leaves office/facility**							
52	Conduct phone calls/call in prescriptions							
60	Other Clinical Activity - *specify:*							
61	-Hang films on the dedicated mammography alternator for interpretation by the physician, with prior films for a comparison (when available)	L043A	Mammo Tech			**3**		
62	**Federally Mandated MQSA Activities Allocated To Each Mammogram**	L043A	Mammo Tech	**4**		**4**		**4**
63	*MQSA required accreditation applications/updates/completing data logs/FDA inspection specific to mammography service)*							
64	*MQSA required patient notification, patient outcoming monitoring (enter and maintain patient results, outcomes, follow-up and reminders) specific to mammography services*							
65	*Maintain physician qualifications, outcomes and CME*							
66	*Daily, weekly and monthly quality checks mammography units and processors, Daily sensitometry/densitometry performance*							
67	**End: with last office visit before end of global period**							
68	**MEDICAL SUPPLIES***	**CODE**	**UNIT**					
69	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**
70	gloves, non-sterile	SB022	pair	**1**		**1**		**1**
71	gown, patient	SB026	item	**1**		**1**		**1**
72	towel, professional 13in x 18in	SB043	item	**1**		**1**		**1**
73	markers, radiographic, multi-modality	SD096	item	**2**				**1**
74	gauze, non-sterile 4in x 4in	SG051	item	**4**		**4**		**4**
75	patient education booklet	SK062	item	**1**	**1**	**1**		**1**
76	skin marking pen, sterile (Skin Skribe)	SK075	item	**0**		**1**		**0**
77	disinfectant, surface (Envirocide, Sanizide)	SM013	oz	**0.5**		**0.5**		**0.5**
78	sanitizing cloth-wipe (patient)	SM021	item	**2**		**2**		**2**
79	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**3**		**6**		**3**
80	**EQUIPMENT**	**CODE**						
81	PACS Workstation Proxy	ED050		**34**		**23**	**5**	**23**
82	**PACS Mammo Workstation**	**NEW**		**24**				**8**
83	multimodality software	ED051			**10**			
84	CAD processor unit (mammography)	ED001					**5**	
85	room, mammography	EL013				**23**		
86	**room, digital mammography**	**NEW**		**24**				**17**
87	DBT unit	ER013			**10**			

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Ophthalmoscopic Angiography

In the Final Rule for 2016 CMS re-ran the 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. CPT codes 92235 *fluorescein angiography (includes multiframe imaging) with interpretation and report* and 92240 *indocyanine-green angiography (includes multiframe imaging) with interpretation and report* (work RVU = 1.10) were identified as part of this screen. The specialty determined that the two services are performed together for a measureable number of patients, typically with macular disease when 92240 is performed. The specialty submitted a code change proposal to the CPT Editorial Panel to create a new CPT code 922X4 *Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral* to be utilized when the services are performed together. The specialty also determined that 92235 and 92240 are both typically done bilaterally. The value of the services currently represents a unilateral service, so the CPT Editorial Panel revised the descriptors to reflect the typical patient and include language for the service to be performed unilaterally or bilaterally.

92235 *Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral*
The RUC reviewed the survey results from 75 ophthalmologists and retinal surgeons and recommends the following physician time components: pre-service time of 1 minute, intra-service time of 15 minutes and immediate post-service time of 1 minute. The RUC recognized that although the intra-service time remains consistent with the RUC survey conducted in 2012, the pre-service and post-service time has decreased. The RUC has incorporated these time decreases into the recommendations.

The RUC reviewed the survey respondents' work values and determined that the survey 25th percentile work value of 0.75, below the current work value appropriately captures the work and complexity of this service. The RUC compared the service to recently reviewed CPT code 93261, *Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system* (work RVU = 0.74, intra-service time of 15 minutes) and noted that the services have identical intra-service time and should be valued similarly. For additional support the RUC compared the surveyed code to key reference service CPT code 92083 *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg;, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or*

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30/60-2) (work RVU = 0.50, intra-service time of 10 minutes) and noted that the surveyed code is requires more time and is more intense to perform, justifying the greater work value. **The RUC recommends a work RVU of 0.75 for CPT code 92235.**

92240 ***Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral***
The RUC reviewed the survey results from 57 ophthalmologists and retinal surgeons and recommends the following physician time components: pre-service time of 1 minute, intra-service time of 20 minutes and immediate post-service time of 1 minute. The specialty clarified that although this service is an indocyanine-green angiography alone the patient would have had a fluorescein angiography at a previous visit that was previously interpreted and part of the physician work of this service is to compare angiographic findings with previous studies and other diagnostic modalities. The RUC recognized significant time decreases as well as evolving physician work since the RUC survey in 1996 and incorporated these time decreases into the recommendations. When this service was last reviewed it was new technology that was only performed by 15-20% of retinal specialists. At that time indocyanine-green angiography was dangerous and could cause life-threatening adverse reactions. In addition, previously indocyanine-green angiography required more pre-service and post-service time than fluorescein angiography and today the two services require identical pre-service and post-service time.

The RUC reviewed the survey respondents' work values and determined that the survey 25th percentile work value of 0.80, below the current work value appropriately captures the work and complexity of this service. The RUC compared the service to key reference service CPT code 92002, Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient (work RVU = 0.88, intra-service time of 15 minutes, total time of 25) and noted that the service has less intra-service time, but greater total time and is more intense to perform, justifying the higher work value. For additional support the RUC compared the surveyed code to MPC list CPT code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU = 0.81, intra-service time of 11 minutes, total time of 21 minutes) and noted that the surveyed code has slightly more total time, but is less intense to perform, justifying the slightly lower work value. **The RUC recommends a work RVU of 0.80 for CPT code 92240.**

922X4 ***Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral***
The RUC reviewed the survey results from 53 ophthalmologists and retinal surgeons and recommends the following physician time components: pre-service time of 1 minute, intra-service time of 20 minutes and immediate post-service time of 1 minute. The specialty clarified that this service is an indocyanine-green angiography and a fluorescein angiography performed during the same visit and both are interpreted as part of this service. When the physician conducts the two studies together there are the same amount of pictures as one study so the intra-service time is the same, however the physician work is higher because the physician is interpreting an additional study.

The RUC reviewed the survey respondents' work values and determined that the survey 25th percentile work value of 0.95 appropriately captures the work and complexity of this service. The RUC compared the service to key reference service CPT code 99202, *Office or other outpatient visit for the evaluation and management of a new patient,* (work RVU = 0.93, intra-service time of 15 minutes, total time of 22 minutes) and noted that

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the surveyed code has slightly more intra-service time, justifying the slightly higher work value. **The RUC recommends a work RVU of 0.95 for CPT code 922X4.**

Practice Expense
The PE Subcommittee discussed that these services are typically performed with an opthalmic evaluation and management code and verified that all overlapping clinical staff time was removed. Additionally, cleaning time was added in to clean the angiograophy room which is different then the opthalmic evaluation and management exam lane. The Subcommittee extensively reviewed the work of the clinical staff and determined that for the 922X4 code although the staff is performing two studies the photographs are done between each other accounting for only 2 additional minutes over the indocyanine-green angiography. The Subcommittee also replaced the opthalmic exam lane with an *exam table* (EF023) and *exam light* (EQ168). The RUC reviewed and approved the practice expense inputs as modified and approved by the PE Subcommittee.

Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲92235	W1	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral (When fluorescein and indocyanine-green angiography are performed at the same patient encounter, use 922X4)	XXX	0.75
▲92240	W2	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral (When indocyanine-green and fluorescein angiography are performed at the same patient encounter, use 922X4)	XXX	0.80
●922X4	W3	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral (To report fluorescein angiography and indocyanine-green angiography not performed at the same patient encounter, see 99235, 92240)	XXX	0.95

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92235 Tracking Number W1 Original Specialty Recommended RVU: **0.75**
Presented Recommended RVU: **0.75**
Global Period: XXX RUC Recommended RVU: **0.75**

CPT Descriptor: Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An 82-year-old female with age-related macular degeneration and noted blurred vision is found to have a hemorrhage in the macula upon examination. Fluorescein angiography is ordered to determine the cause.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 9%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Explain the indications, risks, and benefits of the angiography to the patient and/or family.

Description of Intra-Service Work: Evaluate the quality of the study. Interpret the fluorescein angiogram and determine a diagnosis. Compare angiographic findings with previous studies and other diagnostic modalities to determine disease progression/interval change. Review the angiographic findings and discuss with the patient. Select representative images for archiving for future comparison. Prepare and dictate report. Inform referring physician(s) of outcome.

Description of Post-Service Work: Report is signed. Dictation of findings prepared for letter to referring physician to accompany report

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Stephen Kamenetzky, M.D AAO, David Glasser, M.D AAO, John Thompson, M.D ASRS.		
Specialty(s):	Ophthalmology (AAO and ASRS)		
CPT Code:	92235		
Sample Size:	479	**Resp N:** 75	**Response:** 15.6 %
Description of Sample:	A random sample of members were pulled from the AAO and ASRS databases.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	120.00	**250.00**	500.00	2500.00
Survey RVW:	0.40	0.75	**0.97**	1.50	5.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	10.00	**15.00**	20.00	45.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92235	**Recommended Physician Work RVU: 0.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92083	XXX	0.50	**RUC Time**

CPT Descriptor Visual field examination, unilateral or bilateral, with interpretation and report; extended examination.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99231	XXX	0.76	**RUC Time**	9,707,427

CPT Descriptor 1 Subsequent hospital care, low complexity

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76817	XXX	0.75	**RUC Time**	19,404

CPT Descriptor 2 Ultrasound, pregnant uterus, real time with image documentation, transvaginal

Other Reference CPT Code	Global	Work RVU	Time Source
93880	XXX	0.80	**RUC Time**

CPT Descriptor Duplex scan of extracranial arteries; complete bilateral study

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 34.7 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 26.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 92235	Top Key Reference CPT Code: 99213	2nd Key Reference CPT Code: **92083**
Median Pre-Service Time	1.00	3.00	3.00
Median Intra-Service Time	15.00	15.00	10.00
Median Immediate Post-service Time	0.00	5.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**16.00**	**23.00**	**13.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.96	1.74
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.92	1.32
Urgency of medical decision making	1.36	1.74
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.24	1.47
Physical effort required	0.76	0.84

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.72	1.74
Outcome depends on the skill and judgment of physician	1.52	1.47
Estimated risk of malpractice suit with poor outcome	1.52	1.32

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.40	1.53

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 92235, *fluorescein angiography (includes multiframe imaging) with interpretation and report*, was surveyed as part of a family of codes used to image the retinal and choroidal vasculature, including CPT 92240 *indocyanine-green angiography (includes multiframe imaging) with interpretation and report* and CPT 9224x, a new combined fluorescein/indocyanine green angiography code.

A random survey of AAO and ASRS members had 75 respondents, 93% of whom found the vignette typical. The median WRVU was 0.97 and the 25th percentile was 0.75. Median IST was 15 minutes. The current value of the code is 0.81. The primary reference service, chosen by 35%, was CPT 99213, *Office or other outpatient visit for the evaluation and management of an established patient* (RUC February 2006) with a WRVU of 0.97 and 15 minutes IST. The second highest key reference service, chosen by 26% of respondents, was CPT 92083, *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination…* (RUC April 2012) with a WRVU of 0.50 and 10 minutes IST. The intensity and complexity metrics for the surveyed code were higher than those of either reference code.

The expert panel of the AAO, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 15 minutes was unchanged from the current value. We reduced the pre-evaluation time from the survey median of 10 minutes to 1 minute and eliminated the survey post-time as the procedure is typically done with an office visit. **We recommend the survey 25th percentile value of 0.75 WRVU.**

This value is supported by MPC code 76817, *Ultrasound, pregnant uterus, real time with image documentation, transvaginal* (RUC April 2002), with 0.75 WRVU, an IST of 10 minutes and total time of 23 minutes, and MPC code 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient… straightforward…* (RUC February 2006) with 0.76 WRVU, an IST of 10 minutes, and total time of 20 minutes. The value is also supported by CPT code 93380, *Duplex scan of extracranial arteries; complete bilateral study* (RUC April 2014) with 0.80 WRVU, an IST of 15 minutes, and total time of 25 minutes and CPT 70486, *Computed tomography, maxillofacial area; without contrast material* (RUC April 2014) with 0.85 WRVU, an IST of 10 minutes, and total time of 16 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Billed with an office visit

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

3. E/M or the ophthalmalogic exam codes

4.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
5.	92002	5	15	5	25	.88	XXX
6.	92004	5	25	10	40	1.82	XXX
7.	92012	5	15	5	25	.92	XXX
8.	92014	5	24	8	37	1.42	XXX
9.	99212	2	10	4	16	.48	XXX
10.	99213	3	15	5	23	.97	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1915551
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 1908271 Percentage 99.61 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,277,034 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Ophthalmology Frequency 1272308 Percentage 99.62 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92235

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92240 Tracking Number Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: XXX RUC Recommended RVU: **0.80**

CPT Descriptor: Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male presents to his ophthalmologist with sudden loss of vision in an otherwise normal eye. The patient is found to have a subretinal hemorrhage in the posterior pole, obscuring examination of the deeper ocular elements. Intravenous fluorescein angiography cannot demonstrate any abnormalities of the posterior pole. The patient undergoes indocyanine-green video angiography, which detects a treatable subretinal neovascular membrane. The subretinal neovascular membrane is treated with laser photocoagulation.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Explain the indications, risks, and benefits of the angiography to the patient and/or family.

Description of Intra-Service Work: Evaluate the quality of the study. Interpret the angiogram and determine a diagnosis. Compare angiographic findings with previous studies and other diagnostic modalities to determine disease progression/interval change. Review the angiographic findings and discuss with the patient. Select representative images for archiving for future comparison. Prepare and dictate report. Inform referring physician(s) of outcome.

Description of Post-Service Work: Report is signed. Dictation of findings prepared for letter to referring physician to accompany report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Stephen Kamenetzky, M.D AAO, David Glasser, M.D AAO, John Thompson, M.D, ASRS		
Specialty(s):	Ophthalmology		
CPT Code:	92240		
Sample Size:	480	**Resp N:** 57	**Response:** 11.8 %
Description of Sample:	A random sample of members were pulled from the AAO and ASRS databases.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**15.00**	40.00	400.00
Survey RVW:	0.08	0.80	**1.00**	2.00	5.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	15.00	**20.00**	25.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92240	**Recommended Physician Work RVU: 0.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92002	XXX	0.88	**RUC Time**

CPT Descriptor Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	999,613

CPT Descriptor 1 Ultrasound, abdominal, real time with image documentation; complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99231	XXX	0.76	**RUC Time**	9,707,427

CPT Descriptor 2 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
99282	XXX	0.88	**RUC Time**

CPT Descriptor Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26 **% of respondents:** 45.6 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 21.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 92240	**Top Key Reference CPT Code:** 99213	**2nd Key Reference CPT Code:** **92002**
Median Pre-Service Time	1.00	3.00	5.00
Median Intra-Service Time	20.00	15.00	15.00
Median Immediate Post-service Time	0.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**21.00**	**23.00**	**25.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.08	0.58
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.35	0.92

Urgency of medical decision making	1.31	1.25

Technical Skill/Physical Effort (Mean)

Technical skill required	1.69	1.08
Physical effort required	1.12	0.58

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.77	1.33
Outcome depends on the skill and judgment of physician	1.62	1.33
Estimated risk of malpractice suit with poor outcome	1.50	1.33

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.58	1.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT 92240 *indocyanine-green angiography (includes multiframe imaging) with interpretation and report* was surveyed as part of a family of codes used to image the retinal and choroidal vasculature, including CPT 92235, *fluorescein angiography (includes multiframe imaging) with interpretation and report,* and CPT 9224X, a new combined fluorescein/indocyanine green angiography code.

A random survey of AAO and ASRS members had 57 respondents, 77% of whom found the vignette typical. The median WRVU was 1.00 and the 25th percentile was 0.80. Median IST was 20 minutes. The current value of the code is 1.10. The primary reference service, chosen by 46%, was CPT 99213, *Office or other outpatient visit for the evaluation and management of an established patient…* (RUC February 2006) with a WRVU of 0.97 and 15 minutes IST. The second highest reference service, chosen by 21% of respondents, was CPT 92002, *Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient* (RUC February 2007) with a WRVU of 0.88 and 15 minutes IST. The intensity and complexity metrics for the surveyed code were higher than those of either reference code.

The expert panel of the AAO and ASRS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 20 minutes was less than the current value of 30 minutes, reflecting increased familiarity with the procedure since its introduction and last valuation 20 years ago. We reduced the pre-evaluation time from the survey median of 10 minutes to 1 minute and eliminated the survey post-time as the procedure is typically done with an office visit. It was previously valued with pre- and post-times assuming no same-day office visit. That resulted in a value and times that carry a negative IWPUT. In light of this, the panel felt that despite the 33% decrease in IST and larger percent decrease in total time, the 25th percentile value of the survey, which is a 15% decrease in WRVU, accurately represents the procedure's work. **We recommend the survey 25th percentile value of 0.80 WRVU.**

This value is supported by MPC code 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient…straightforward…* (RUC February 2006) with 0.76 WRVU, an IST of 10 minutes, and total time of 20 minutes, MPC code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (RUC October 2013) with 0.81 WRVU, an IST of 11 minutes, and total time of 21 minutes, and MPC code 99282 *Emergency department visit for the evaluation and management of a patient… low complexity…* (RUC September 2005) with 0.88 WRVU, an IST of 10 minutes and total time of 18 minutes. The value is also supported by CPT code 93380, *Duplex scan of extracranial arteries; complete bilateral study* (RUC April 2014) with 0.80 WRVU, an IST of 15 minutes, and total time of 25 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) Billed with an office visit

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

3. E/M or the ophthalmologic exam codes

4.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
5.	92002	5	15	5	25	.88	XXX
6.	92004	5	25	10	40	1.82	XXX
7.	92012	5	15	5	25	.92	XXX
8.	92014	5	24	8	37	1.42	XXX
9.	99212	2	10	4	16	.48	XXX
10.	99213	3	15	5	23	.97	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 151254
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 151193 Percentage 99.95 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100,836 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Opthalmology Frequency 100795 Percentage 99.95 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92240

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:922X4 Tracking Number W3 Original Specialty Recommended RVU: **0.95**
Presented Recommended RVU: **0.95**
Global Period: XXX RUC Recommended RVU: **0.95**

CPT Descriptor: Fluorescein angiography and indo-cyanine-green aniography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 77 year old female with a history dry age-related macular degeneration presents with subretinal blood and fluid.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Explain the indications, risks, and benefits of the angiography to the patient and/or family.

Description of Intra-Service Work: Evaluate the quality of the study. Interpret the angiogram and determine a diagnosis. Compare angiographic findings with previous studies and other diagnostic modalities to determine disease progression/interval change. Review the angiographic findings and discuss with the patient. Select representative images for archiving for future comparison. Prepare and dictate report. Inform referring physician(s) of outcome

Description of Post-Service Work: Report is signed. Dictation of findings prepared for letter to referring physician to accompany report

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Stephen Kamenetzky, M.D AAO, David Glasser, M.D. AAO, John Thompson, M.D. ASRS				
Specialty(s):	Ophthalmology (AAO and ASRS)				
CPT Code:	922X4				
Sample Size:	479	**Resp N:**	53	**Response:** 11.0 %	
Description of Sample:	A random sample of members were pulled from the AAO and ASRS databases.				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	3.00	**10.00**	30.00	2015.00
Survey RVW:	0.80	0.95	**1.25**	2.75	7.09
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	15.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	922X4	**Recommended Physician Work RVU: 0.95**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**0.00**	**1.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92083	XXX	0.50	**RUC Time**

CPT Descriptor Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	99,525,665

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99202	XXX	0.93	**RUC Time**	2,996,676

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
70460	XXX	1.13	**RUC Time**

CPT Descriptor Computed tomography, head or brain; with contrast material(s)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 32 **% of respondents:** 60.3 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 16.9 **%**

TIME ESTIMATES (Median)	**CPT Code:** 922X4	**Top Key Reference CPT Code:** 99213	**2nd Key Reference CPT Code:** **92083**
Median Pre-Service Time	2.00	3.00	3.00
Median Intra-Service Time	20.00	15.00	10.00
Median Immediate Post-service Time	1.00	5.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**23.00**	**23.00**	**13.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.38	1.78
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.50	1.56
Urgency of medical decision making	1.34	1.56
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.69	1.44
Physical effort required	1.16	0.78
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.72	1.56
Outcome depends on the skill and judgment of physician	1.69	1.44
Estimated risk of malpractice suit with poor outcome	1.50	1.33

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.72	1.78

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 9224X is a new code describing combined fluorescein angiography and indocyanine green angiography. This procedure is used to image the retinal and choroidal vasculature. CPT 92235, *fluorescein angiography (includes multiframe imaging) with interpretation and report,* and CPT 92240 *indocyanine-green angiography (includes multiframe imaging) with interpretation and report* were surveyed for this meeting as part of the same family.

A random survey of AAO and ASRS members had 53 respondents, 81% of whom found the vignette typical. The median WRVU was 1.25 and the 25th percentile was 0.95. Median IST was 20 minutes. The primary reference service, chosen by 60%, was CPT 99213, *Office or other outpatient visit for the evaluation and management of an established patient.…* (RUC February 2006) with a WRVU of 0.97 and 15 minutes IST. The second highest reference service, chosen by 17% of respondents, was CPT 92083, *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination.…* (RUC April 2012) with a WRVU of 0.50 and 10 minutes IST. The intensity and complexity metrics for the surveyed code were higher than those of either reference code.

The expert panel of the AAO, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 20 minutes was equal to that of the median IST survey time for CPT 92240 *Indocyanine green angiography*. We reduced the pre-evaluation time from the survey median of 15 minutes to 1 minute and eliminated the survey post-time as the procedure is typically done with an office visit. Although IST and total time are identical to CPT 92240, the increased number of images to analyze with combined indocyanine green and fluorescein angiography is consistent with a greater work value than 92240. **We recommend the survey 25th percentile value of 0.95 WRVU.**

This value is supported by MPC code 99202 *Office or other outpatient visit for the evaluation and management of a new patient… straightforward…* (RUC February 2006) with 0.93 WRVU, an IST of 15 minutes, and total time of 22 minutes, and MPC code 99213 *Office or other outpatient visit for the evaluation and management of an established patient… low complexity* (RUC February 2006) with 0.97 WRVU, an IST of 15 minutes and total time of 23 minutes. The value is also supported by CPT code 70460, *Computed tomography, head or brain; with contrast material(s)* (RUC October 2012) with 1.13 WRVU, an IST of 12 minutes, and total time of 22 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) Billed with an office visit.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.
3. E/M or the ophthalmologic exam codes

CPT Code: 922X4

4.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
5.	92002	5	15	5	25	.88	XXX
6.	92004	5	25	10	40	1.82	XXX
7.	92012	5	15	5	25	.92	XXX
8.	92014	5	24	8	37	1.42	XXX
9.	99212	2	10	4	16	.48	XXX
10.	99213	3	15	5	23	.97	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 144000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 96,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number NA

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92240

SS Rec Summary

ISSUE: Ophthalmoscopic Angiography

TAB: 21

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least	243	0.053			0.97			23	3					15			5																		
2nd REF	92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination	116	0.043			0.50			13	3					10																					
CURRENT	92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	104	0.042			0.81			23	3					15			5																		
SVY	92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report,	75	0.035	0.40	0.75	0.97	1.50	5.00	35	10			0	10	15	20	45	10																		
REC	92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral		0.047			0.75			17	1					15			1																		

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least	243	0.053			0.97			23	3					15			5																		
2nd REF	92002	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination	73	0.044			0.88			25	5					15			5																		
CURRENT	92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report,		-0.001			1.10			80	30					30			20																		
SVY	92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report,	57	0.028	0.08	0.80	1.00	2.00	5.00	40	10			0	15	20	25	60	10																		
REC	92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report,		-0.002			0.80			22	1					20			1																		

Tab 21
Tab Number

Ophthalmoscopic Angiography
Issue

92235, 92240, 9224x
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

David B. Glasser, M.D.
Printed Signature

American Academy of Ophthalmology
Specialty Society

December 4, 2015
Date

21
Tab Number

Ophthalmoscopic Angiography
Issue

92235, 92240, 9224x
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

Steve Kamentzky

Signature

Stephan A. Kamentskzy, M.D.
Printed Signature

American Academy Ophthalmology
Specialty Society

December 4, 2015
Date

21
Tab Number

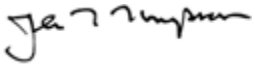
Ophthalmoscopic Angiography
Issue

92235, 92240, 9224x
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)


Signature

John T. Thompson, MD
Printed Signature

American Society of Retina Specialists
Specialty Society

12/15/2015
Date

CPT Code: 92235
Specialty Society('s) American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non- Facility Direct Inputs

CPT Long Descriptor:

Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral.

Global Period: XXX Meeting Date: 01/2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: **N/A**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: **N/A**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: **N/A**

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available: 3 min.
    - This time is spent greeting the patient, reviewing the patient records including ocular diagnosis, allergies, pregnancy status, systemic diseases, reviewing photographic request and confirming the retinal area of interest, as well as planning the photographic procedure and confirming adequate dilation.
- Provide pre-service education/obtain consent: 1 min.

    - The patient is informed of the procedure, pharmacologic agents to be administered, and potential adverse reactions. Questions and concerns are answered and addressed. Given the complexity of the procedure and its risks, this process takes more than the standard amount allotted to an E&M code. To reflect this, we have represented the excess amount of discussion with one minute here.
- Prepare room, equipment, supplies: 2 min.
    - This time is spent entering patient demographic information into the capture software, setting the eyepiece for accommodative correction, setting the viewing angle, flash power, and viewing light.
- Prepare and position patient/ monitor patient/ set up IV: 2 min.
    - This time is spent placing the IV for the patient.
- Acquire images: 20 min.
    - This time is spent performing fluorescein angiography. The photographer establishes fixation with a fixation device, aligns the illumination beam within the pupil, focuses on a designated field of view, uses astigmatic correction device, sets the camera settings to the monochromatic green (red-free) photograph setting, engages the green filter, sets the flash power, and takes red-free photographs of the required area of interest.
    - Next, the camera is switched back to the settings for fluorescein angiography, and the photographer makes preparations for the IV fluorescein injection, engages the exciter and barrier filters, sets the flash power, positions the patient for the procedure with arm extended. The photographer establishes fixation with fixation device, aligns the illumination beam within the pupil of the eye, focuses on the designated field of view, takes a control photograph to confirm the absence of pseudofluorescence, then cues the injector to begin and starts the timer concurrent with the administration of dye.
    - The photographer then begins the pre-planned photographic sequence, taking early transit photographs rapidly for the first 40 seconds.
    - The photographer then captures posterior pole photographs of the fellow eye, returning to the eye of interest for peripheral survey fields if necessary. The photographer monitors and assesses the patient's response to the injection, responding to any adverse reactions experienced by the patient.
    - The mid-phase photographs are then taken a few minutes post injection, with the late phase photographs taken several minutes after the injection. In order to take the late phase photographs, the photographer must increase the flash setting or camera gain settings for adequate late exposure.
    - Following the completion of the procedure, the patient's IV is removed, and the patient's status is assessed prior to their leaving the room. The equipment is cleaned and IV equipment properly disposed of.
- Label & file photos/slides w/ patient chart: 3 min.
    - This time is spent uploading and ordering photographs from the procedure into the medical record.

Post-Service Clinical Labor Activities:

N/A

CPT Code: 92240
Specialty Society('s) American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non-Facility Direct Inputs

CPT Long Descriptor:

Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral.

Global Period: XXX Meeting Date: 01/2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: **N/A**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: **N/A**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: **N/A**

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available: 3 min
    - This time is spent greeting the patient, reviewing the patient records including ocular diagnosis, allergies, pregnancy status, systemic diseases, reviewing photographic request and confirming the retinal area of interest, as well as planning the photographic procedure and confirming adequate dilation.
- Provide pre-service education/obtain consent: 1 min

    - The patient is informed of the procedure, pharmacologic agents to be administered, and potential adverse reactions. Questions and concerns are answered and addressed. Given the complexity of the procedure and its risks, this process takes more than the standard amount allotted to an E&M code. To reflect this, we have represented the excess amount of discussion with one minute here.
- Prepare room, equipment, supplies: 2 min
    - This time is spent entering patient demographic information into the capture software, setting the eyepiece for accommodative correction, setting the viewing angle, flash power, and viewing light.
- Prepare and position patient/ monitor patient/ set up IV: 2 min
    - This time is spent placing the IV for the patient.
- Acquire images: 37 min
    - This time is spent performing indo-cyanine-green (ICG) angiography. The camera settings are adjusted for monochromatic green (red-free) photographs, the green filter is engaged, and the flash power is set. The photographer establishes fixation with a fixation device, aligns the illumination beam within the pupil, focuses on a designated field of view, uses astigmatic correction device, and takes monochromatic green (red-free) photographs of the required area of interest. The photographer then reviews images for quality and corrects artifacts and adjusts settings accordingly, repeating as needed.
    - Next, the camera is switched to the settings for ICG angiography, and the photographer makes preparations for the IV ICG injection, engages the exciter and barrier filters, sets the flash power, positions the patient for the procedure with arm extended. The photographer establishes fixation with fixation device, aligns the illumination beam within the pupil of the eye, focuses on the designated field of view, takes a control photograph to confirm the absence of pseudofluorescence, then cues the injector to begin and starts the timer concurrent with the administration of dye.
    - The photographer then begins the pre-planned photographic sequence, taking early transit photographs rapidly for the first several seconds.
    - The photographer then captures posterior pole photographs of the fellow eye, returning to the eye of interest for peripheral survey fields if necessary. The photographer monitors and assesses the patient's response to the injection, responding to any adverse reactions experienced by the patient.
    - The mid-phase photographs are taken approximately ten minutes post injection. As the ICG signal increases through the procedure, the photographer has to reduce the gain in order to keep an accurate signal.
    - The late phase photographs are taken up to 60 minutes after the injection.
    - Following the completion of the procedure, the patient's IV is removed, and the patient's status is assessed prior to their leaving the room. The equipment is cleaned and IV equipment properly disposed of.
- Label & file photos/slides w/ patient chart: 3 min
    - This time is spent uploading and ordering photographs from the procedure into the medical record.

Post-Service Clinical Labor Activities:

N/A

CPT Code: _922X4_
Specialty Society('s) _American Academy of Ophthalmology_

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non-Facility Direct Inputs

CPT Long Descriptor:

Fluorescien angiography and indo-cycanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral.

Global Period: XXX Meeting Date: 01/2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

92240. 922X4 comprises a combination of both 92240 and 92235. The length of time performing the procedure most resembles 92240.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: **N/A**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: **N/A**

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available: 3 min
    - This time is spent greeting the patient, reviewing the patient records including ocular diagnosis, allergies, pregnancy status, systemic diseases, reviewing photographic request and confirming the retinal area of interest, as well as planning the photographic procedure and confirming adequate dilation.

- Provide pre-service education/obtain consent: 1 min
    - The patient is informed of the procedure, pharmacologic agents to be administered, and potential adverse reactions. Questions and concerns are answered and addressed. Given the complexity of the procedure and its risks, this process takes more than the standard amount allotted to an E&M code. To reflect this, we have represented the excess amount of discussion with one minute here.
- Prepare room, equipment, supplies: 2 min
    - This time is spent entering patient demographic information into the capture software, setting the eyepiece for accommodative correction, setting the viewing angle, flash power, and viewing light.
- Prepare and position patient/ monitor patient/ set up IV: 2 min
    - This time is spent placing the IV for the patient.
- Acquire images: 39 min
    - This time is spent performing indo-cyanine-green (ICG) angiography and fluorescein angiography (FA). As it takes longer, the ICG angiography is started first, followed by the FA.
    - The camera settings are adjusted for monochromatic green (red-free) photographs, the green filter is engaged, and the flash power is set. The photographer establishes fixation with a fixation device, aligns the illumination beam within the pupil, focuses on a designated field of view, uses astigmatic correction device, and takes monochromatic green (red-free) photographs of the required area of interest. The photographer then reviews images for quality and corrects artifacts and adjusts settings accordingly, repeating as needed.
    - Next, the camera is switched to the settings for ICG angiography, and the photographer makes preparations for the IV ICG injection, engages the exciter and barrier filters, sets the flash power, positions the patient for the procedure with arm extended. The photographer establishes fixation with fixation device, aligns the illumination beam within the pupil of the eye, focuses on the designated field of view, takes a control photograph to confirm the absence of pseudofluorescence, then cues the injector to begin and starts the timer concurrent with the administration of dye.
    - The photographer then begins the pre-planned photographic sequence, taking early transit photographs rapidly for the first several seconds.
    - The photographer then captures posterior pole photographs of the fellow eye, returning to the eye of interest for peripheral survey fields if necessary. The photographer monitors and assesses the patient's response to the injection, responding to any adverse reactions experienced by the patient.
    - The mid-phase photographs are taken approximately 10 minutes post injection. As the ICG signal increases through the procedure, the photographer has to reduce the gain in order to keep an accurate signal.
    - The photographer then performs fluorescein angiography (FA).
    - The camera is switched back to the settings for FA, and the photographer makes preparations for the IV fluorescein injection, engages the exciter and barrier filters, sets the flash power, positions the patient for the procedure with arm extended. The photographer establishes fixation with fixation device, aligns the illumination beam within the pupil of the eye, focuses on the designated field of view, takes a control photograph to confirm the absence of pseudofluorescence, then cues the injector to begin and starts the timer concurrent with the administration of dye.
    - The photographer then begins the pre-planned FA photographic sequence, taking early transit photographs rapidly for the first 40 seconds.
    - The photographer then captures posterior pole photographs of the fellow eye, returning to the eye of interest for peripheral survey fields if necessary. The photographer monitors

and assesses the patient's response to the injection, responding to any adverse reactions experienced by the patient.
    - The mid-phase FA photographs are then taken a few minutes post fluorescein injection, with the late phase FA photographs taken several minutes after the injection. In order to take the late phase photographs, the photographer must increase the flash setting or camera gain settings for adequate late exposure.
    - The photographer then re-adjusts the camera settings for the late phase ICG imaging, which is taken up to 60 minutes after the first injection.
    - Following the completion of the procedure, the patient's IV is removed, and the patient's status is assessed prior to their leaving the room. The equipment is cleaned and IV equipment properly disposed of.
- Label & file photos/slides w/ patient chart: 3 min
    - This time is spent uploading and ordering photographs from the procedure into the medical record.

Post-Service Clinical Labor Activities:

N/A

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**92235**		**92235**		**92240**		**92240**		**9224X**		**9224X**	
3	**Meeting Date: Tab: Specialty:**	**CMS Code**	**Staff Type**	Fluorescein angiography (includes multiframe imaging) with interpretation and report		Fluorescein angiography (includes multiframe imaging) with interpretation and report		Indocyanine-green angiography (includes multiframe imaging) with interpretation and report		Indocyanine-green angiography (includes multiframe imaging) with interpretation and report		Indocyanine-green angiography and Fluorescein angiography (includes multiframe imaging) with interpretation and		Indocyanine-green angiography and Fluorescein angiography (includes multiframe imaging) with interpretation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**														
6	**TOTAL CLINICAL LABOR TIME**			**41.0**	**0.0**	**31.0**	**0.0**	**67.0**	**0.0**	**48.0**	**0.0**	**0.0**	**0.0**	**50.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**4.0**	**0.0**	**0.0**	**0.0**	**15.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**37.0**	**0.0**	**31.0**	**0.0**	**52.0**	**0.0**	**48.0**	**0.0**	**0.0**	**0.0**	**50.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**														
11	**Start: Following visit when decision for surgery or procedure made**											**NO PRIOR CODE**			
12	Complete pre-service diagnostic & referral forms	L039A	Certified Retinal Angio					**5**							
13	Coordinate pre-surgery services														
14	Schedule space and equipment in facility														
15	Provide pre-service education/obtain consent	L039A	Certified Retina	**2**				**6**							
16	Follow-up phone calls & prescriptions														
17	Availability of prior images confirmed	L039A	Certified Retina	**2**				**2**							
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L039A	Certified Retinal Angio					**2**							
19	Other Clinical Activity - *specify:*														
20	**End: When patient enters office/facility for surgery/procedure**														
21	**SERVICE PERIOD**														
22	**Start: When patient enters office/facility for surgery/procedure:**											**NO PRIOR CODE**			
23	Greet patient, provide gowning, ensure appropriate medical records are available	L039A	Certified Retina	**3**				**3**							
24	Obtain vital signs														
25	Provide pre-service education/obtain consent	L039A	Certified Retinal Angio			**1**		**2**		**1**				**1**	
26	Prepare room, equipment, supplies	L039A	Certified Retina	**2**		**2**		**2**		**2**				**2**	
27	Setup scope (non facility setting only)														
28	Prepare and position patient/ monitor patient/ set up IV	L039A	Certified Retina	**2**		**2**		**2**		**2**				**2**	
29	Sedate/apply anesthesia														
30	Other Clinical Activity - specify:														
31	**Intra-service**														
32	Acquire images	L039A	Certified Retina	**26**		**20**		**39**		**37**				**39**	
33	**Post-Service**														
34	Monitor pt. following moderate sedation														
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)														
36	Clean room/equipment by physician staff	L039A	Certified Retinal Angio			**3**				**3**				**3**	
37	Clean Scope														
38	Clean Surgical Instrument Package														
39	Complete diagnostic forms, lab & X-ray requisitions														
40	Review/read X-ray, lab, and pathology reports														
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions														
42	Technologist QC's images in PACS, checking for all images, reformats, and dose page														
43	Review examination with interpreting MD														
44	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue														
45	Other Clinical Activity - *specify: label & file photos/slides w/ patient chart*	L039A	Certified Retina	**4**		**3**		**4**		**3**				**3**	
46	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
47	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
48	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
49	**End: Patient leaves office**														
50	**POST-SERVICE Period**														
51	**Start: Patient leaves office/facility**											**NO PRIOR CODE**			
52	Conduct phone calls/call in prescriptions														
53	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
54	99211 16 minutes		16												
55	99212 27 minutes		27												
56	99213 36 minutes		36												

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**92235**		**92235**		**92240**		**92240**		**9224X**		**9224X**	
3	**Meeting Date:** **Tab:** **Specialty:**	**CMS Code**	**Staff Type**	Fluorescein angiography (includes multiframe imaging) with interpretation and report		Fluorescein angiography (includes multiframe imaging) with interpretation and report		Indocyanine-green angiography (includes multiframe imaging) with interpretation and report		Indocyanine-green angiography (includes multiframe imaging) with interpretation and report		Indocyanine-green angiography and Fluorescein angiography (includes multiframe imaging) with interpretation and		Indocyanine-green angiography and Fluorescein angiography (includes multiframe imaging) with interpretation and	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**														
57	99214 53 minutes		53												
58	99215 63 minutes		63												
59	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
60	Other Clinical Activity - *specify:*														
61	**End: with last office visit before end of global period**														
62	**MEDICAL SUPPLIES***	**CODE**	**UNIT**												
63	pack, ophthalmology visit (w-dilation)	SA082	pack					**1**							
64	gloves, non-sterile, nitrile	SB023	pair	**1**		**1**				**1**				**1**	
65	iv infusion set	SC018	item	**1**		**1**		**1**		**1**				**1**	
66	needle, 18-19g, filter	SC027	item	**1**		**1**		**1**		**1**				**2**	
67	needle, 19-25g, butterfly	SC030	item	**1**		**1**		**1**		**1**				**1**	
68	syringe 5-6ml	SC057	item	**1**		**1**		**1**		**1**				**2**	
69	applicator, cotton-tipped, non-sterile 6in	SG008	item	**2**		**2**		**2**		**2**				**2**	
70	bandage, strip 0.75in x 3in (Bandaid)	SG021	item	**1**		**1**		**2**		**1**				**1**	
71	fluorescein inj (5ml uou)	SH033	item	**1**		**1**								**1**	
72	indocyanine green (25ml uou)	SL083	item					**1**		**1**				**1**	
73	povidone soln (Betadine)	SJ041	mL	**10**		**10**		**10**		**10**				**10**	
74	film, Tri-x 35mm BW (per exposure)	SK030	item	**24**											
75	paper, photo printing (8.5 x 11)	SK058	item	**2**				**2**							
76	photographic stop bath	SK065	oz	**8**											
77	slide sleeve (photo slides)	SK076	item					**1**							
78															
79	**EQUIPMENT**	**CODE**													
80	table, motorized (for instruments-equipment)	EF030		**35**		**31**		**67**		**48**				**50**	
81	table, exam	EF023		**35 (formerly exam lane)**		**31**		**67 (formerly exam lane)**		**48**				**50**	
82	light, exam	EQ168				**31**				**48**				**50**	
83	camera, retinal (TRC 50IX, w-ICG, filters, motor drives)	ED008		**35**		**31**		**67**		**48**				**50**	
84															
85															

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2016

Closure of Paravalvular Leak

935X1 ***Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve***
CPT code 935X1 is a new code to describe the work of closing a paravalvular leak in a previously placed mechanical mitral valve. The RUC reviewed the survey results from 52 cardiologists that perform transcatheter structural heart procedures and determined that the specialty society recommendation of 25.00 work RVUs, which was the survey 25th percentile and median, was not appropriate. The specialty revised their recommendation based on an increment of intensity to 20.04 work RVUs. The RUC noted that it was not the value of 20.04, but instead the methodology used to obtain the value that was not appropriate. The RUC was concerned that there is a lack of other 000 day global codes with a similar work RVU range and it would not be possible to find an appropriate crosswalk. The RUC determined an alternate approved methodology was needed to ensure an accurate valuation. The RUC noted that CPT code 935X1 contains the work of 935X2 with the addition of a transseptal puncture (CPT code 93462 *Left heart catheterization by transseptal puncture through intact septum or by transapical puncture*, work RVU= 3.73). Therefore, the RUC added the incremental work of add-on code 93462 (work RVU= 3.73) to the RUC approved value of 17.97 for CPT code 935X2 to arrive a work RVU of 21.70 for 935X1. The RUC determined that a work RVU of 21.70, below the 25th percentile appropriately accounts for the work required to perform this service. The RUC compared the surveyed code to key reference services 93581 *Percutaneous transcatheter closure of a congenital ventricular septal defect with implant* (work RVU = 24.39, intra-service time of 180) and 33477 *Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed* (work RVU = 25.00, intra-service time of 180) and noted that the intra-service time is greater justifying the greater work value.

The RUC recommends 40 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 15 minutes scrub/dress/wait time, 135 minutes intra-service time and 30 minutes immediate post-service time. The RUC noted that the typical patient receiving this service has e had previous cardiac surgeries. This service is a low volume code that is exclusively performed in a hospital and the patient is sent home several days later. The specialty society explained that this service is similar to 935X2, but is a much more complex service technically, primarily because of the location of the mitral valve, and it requires more time and intensity to perform. The RUC noted that there is 15 minute intra-service difference between 935X1 and 935X2. If you multiply the 15 minutes of intra-service by the IWPUT of 935X2 (0.135), the resulting work RVU of 2.03 can then be added to the recommended value of 17.97 for 935X2 to arrive at a work RVU of 20.00. Given this additional support, the RUC was confirmed that a work RVU of 21.70 is appropriate. **The RUC recommends a work RVU of 21.70 for CPT code 935X1.**

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935X2 ***Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve***
CPT code 935X2 is a new code to describe the work of closing a paravalvular leak in a previously placed mechanical aortic valve. The RUC reviewed the survey results from 50 cardiologists that perform transcatheter structural heart procedures and determined that a work RVU of 17.97, below the 25th percentile appropriately accounts for the work required to perform this service. This value is a direct crosswalk to CPT code 93580 *Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant* (work RVU= 17.97). The RUC recommends 40 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 15 minutes scrub/dress/wait time, 120 minutes intra-service time and 30 minutes immediate post-service time. The RUC noted that the typical patients has had a least two cardiac surgeries, are considered at risk for another cardiac surgery and are very ill patients.. This service is a low volume code that is exclusively performed in a hospital and the patient is sent home several days later. The RUC compared the surveyed code to key reference services 93581 *Percutaneous transcatheter closure of a congenital ventricular septal defect with implant* (work RVU = 24.39, intra-service time of 180) and noted that the intra-service time is greater justifying the greater work value. **The RUC recommends a work RVU of 17.97 for CPT code 935X2 a direct crosswalk to CPT code 93580.**

935X3 ***Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (list separately in addition to code for primary service)***
CPT code 935X3 is a new add-on code to describe the additional work of closing a paravalvular leak in a previously placed mechanical aortic valve. The RUC reviewed the survey results from 51 cardiologists that perform transcatheter structural heart procedures and determined that a work RVU of 8.00, the survey 25th percentile appropriately accounts for the work required to perform this service.

The RUC recommends 60 minutes intra-service time.. The RUC noted that the survey data was strong and that the survey 25th percentile appropriately captures the time and intensity of this service. For additional support the RUC compared 935X3 to 33884 *Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)* (work RVU = 8.20, 60 minutes total time). **The RUC recommends a work RVU of 8.00 for CPT code 935X3.**

Practice Expense
CPT codes 935X1 and 935X2 are both 000 day global, facility only services. The specialty recommended that they be allocated 30 minutes of pre-service time for extensive use of clinical staff time. The PE Subcommittee discussed the complexity of the patient and the amount of work that the clinical staff in the office have to do prior to these procedures and agreed with the time. The RUC reviewed and recommends the practice expense inputs as submitted by the specialty and approved by the PE Subcommittee.

New Technology
CPT codes 935X1, 935X2 and 935X3 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and specifically review utilization trends.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Repair of Structural Heart Defect **Transcatheter Closure of Paravalvular Leak** Codes 935X1, 935X2, 935X3 are used to report transcatheter closure of paravalvular leak (PVL). Codes 935X1, 935X2, include when performed, ~~of~~ percutaneous access, placing the access sheath(s), advancing the delivery system to the paravalvular leak, positioning the closure device, repositioning the closure device as needed, and deploying the device. Codes 935X1, 935X2 include, when performed, fluoroscopy (76000), angiography, radiological supervision, and interpretation services performed to guide the PVL closure (eg, guiding the device placement and documenting completion of the intervention). Code 935X1 includes transseptal puncture, and left heart catheterization/left ventriculography (93452, 93453, 93458, 93459, 93460, 93461, 93531, 93532, 93533, 93565), when performed. Transapical left heart catheterization (93462) may be reported separately, when performed. Code 935X2 includes, when performed, supravalvular aortography (93567), left heart catheterization/left ventriculography (93452, 93453, 93458, 93459, 93460, 93461, 93531, 93532, 93533, 93565). Transapical left heart catheterization (93462) may be reported separately, when performed. Diagnostic right heart catheterization codes (93451, 93456, 93457, 93530) and diagnostic coronary angiography codes (93454, 93455, 93456, 93457, 93563, 93564) may be reported with 935X1, 935X2, representing separate and distinct services from PVL closure, if: 1. No prior study is available and a full diagnostic study is performed, or 2. A prior study is available, but as documented in the medical record: a. There is inadequate visualization of the anatomy and/or pathology, or b. The patient's condition with respect to the clinical indication has changed since the prior study, or c. There is a clinical change during the procedure that requires new evaluation. Other cardiac catheterization services may be reported separately when performed for diagnostic purposes not intrinsic to PVL closure. For same session/same day diagnostic cardiac catheterization services, report the appropriate diagnostic cardiac catheterization code(s) appended with modifier 59 indicating separate and distinct procedural service from PVL closure.				
●935X1	X1	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve (Do not report 935X1 in conjunction with 93462 for transseptal puncture) (For transapical puncture performed in conjunction with 935X1, use 93462)	000	21.70

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●935X2	X2	initial occlusion device, aortic valve (For transseptal or transapical puncture done in conjunction with 935X2, use 93462)	000	17.97
✚●935X3	X3	each additional occlusion device (List separately in addition to code for primary service) (Use 935X3 in conjunction with 935X1, 935X2)	ZZZ	8.00

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:935X1 Tracking Number X1 Original Specialty Recommended RVU: **25.00**
Presented Recommended RVU: **20.04**
Global Period: 000 RUC Recommended RVU: **21.70**

CPT Descriptor: Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female with prior mechanical mitral valve replacement on two occasions now presents with New York Heart Association (NYHA) Class III heart failure, hemolysis and renal insufficiency. Echocardiography demonstrates severe paravalvular regurgitation around the prosthetic mitral valve. Due to multiple comorbidities, a third mitral valve replacement is considered high risk.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The patient's history, records, laboratory and diagnostic tests are reviewed. Physical examination is conducted. The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Appropriate communication is conducted with the patient and family as well as other medical professionals as needed. Informed consent is obtained. The operative plan is reviewed with the anesthesiologist. The patient is positioned on the procedural table. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient.

Description of Intra-Service Work: Mark and ensure all potential access sites are scrubbed and draped. Perform pre-procedural "time-out." Appropriate multi-channel hemodynamic monitoring is verified. The patient is intubated and general anesthesia is administered by a separate physician. Foley catheter is inserted and both groin sites are prepped. Transesophageal echocardiography probe is inserted and positioned by a separate physician. Venous and arterial access is obtained. An angiographic catheter is advanced aver a wire to the ascending aorta and then across the aortic valve into the left ventricle. Left ventriculography is performed to assess the degree of mitral paravalvular leak. A wire is advanced from the right femoral vein to the superior vena cava for placement of the transseptal sheath and needle. The transseptal sheath and needle are now inserted over the wire, and using echocardiographic guidance entry into the right atrium is confirmed. Transseptal puncture is performed with echo verification of correct puncture location. Often this requires several attempts. Heparinize patient and check the activated clotting time [ACT] level at the appropriate time interval to obtain ACT ~300 seconds. Continue to check ACT every 30 min and readminister heparin during the procedure and check ACT to verify the patient is prophylactically anticoagulated. A stiff guide wire in placed through the transseptal sheath into the left atrium and then pulmonary vein.

A steerable sheath and dilator are prepared on the back table. This system is advanced over the wire into the left atrium in the dilator and wire is removed. The catheter is carefully aspirated to remove all air and flushed to prevent thrombosis. A telescope system of a wire placed through a diagnostic catheter which is through a guide catheter is then advanced through the steerable sheath into the left atrium. Using angiography and echocardiographic imaging for guidance, this system is manipulated to steer the wire across the paravalvular leak. This generally requires biplane fluoroscopy and 3-dimensional TEE. This process requires prolonged manipulation of the system to direct the wire to the paravalvular leak and to cross. Exquisite care is given to avoid entrapping the wire in the prosthetic valve, as this could cause sudden valve dysfunction with hemodynamic collapse. Once the wire is across the paravalvular leak into the left ventricle, the diagnostic catheter is carefully advanced over the wire into the ventricle. This generally requires careful manipulation of the catheter, ensuring that it enters the left ventricle but does not perforate the apex of the ventricle. Next, the guide catheter is telescoped over the diagnostic catheter into the left ventricle.

With this system in the left ventricle, the wire is manipulated out from the left ventricle across the aortic valve into the aortic arch. Typically, this causes significant ventricular ectopy or ventricular tachycardia, causing temporary hemodynamic instability. The wire is then manipulated down into the descending aorta. From the femoral arterial access, a snare catheter is advanced up into the descending aorta. The snare was used to capture the wire. This requires multiple manipulations of the snare and the wire in order to achieve capture. Once the wire is captured, the wire is carefully withdrawn by the snare back through the femoral arterial sheath while simultaneously advancing the wire from the femoral venous sheath. This is done slowly and with great care in order to avoid any trauma to the atrial septum or subvalvular mitral apparatus.

The steerable sheath is now removed over the wire and replaced with a less rigid delivery sheath and dilator. This is advanced from the femoral venous access site over the wire, across the interatrial septum, across the paravalvular leak, and into the left ventricle. The dilator is removed over the wire and the sheath is then aspirated and flushed carefully to avoid air embolization or thrombosis. With the wire in place to anchor the sheath in position, a closure device is advanced from the femoral venous access site through the sheath into the left ventricle. The sheath and the device are pullback gradually to the level of the mitral valve annulus. Using both fluoroscopy and echocardiography to identify the positioning of the system, the closure device is positioned at the level of the paravalvular leak. The ventricular aspect of the closure device is extruded from the sheath, the sheath is pulled back in the atrial aspect of the device is now extruded. Echocardiography is used to assess the effectiveness of closure of the paravalvular leak and to assess the function of the mitral valve leaflets. In addition, fluoroscopy is used in multiple views to assess the function of the mitral valve leaflets. If the evaluation is favorable the device is released in a series of steps. After final release the patient is again evaluated by angiographic, hemodynamic and echocardiographic criteria for suitability of the paravalvular leak repair and to ensure no complications. If there is no need for an additional device, the delivery system is withdrawn and removed from the body. The anchoring wire is carefully removed, ensuring no disruption of the position of the closure device. Left heart catheterization may be performed with left ventriculography to assess the adequacy of paravalvular leak closure as well.

The patient's arterial pressure, EKG waveforms, and oxygen saturation are constantly monitored throughout the procedure. Images are reviewed to ensure no additional views are required before leaving the procedure suite. The groin site is closed per physician and institutional practices. Anesthesia is reversed and the patient is extubated as appropriate by the anesthesia team. Hypertension, hypotension, bleeding, arrhythmias, and oxygen desaturation are potential complications and are treated accordingly with medications and/or oxygen as needed during the procedure. The patient is transferred to the recovery suite for additional monitoring.

Description of Post-Service Work: The patient’s procedural outcome is communicated to family and to the referring physician(s). The physician writes orders and dictates an operative report. Prior to disposition the patient is observed carefully to ensure no bleeding from the access site and no hemodynamic or rhythm instability to suggest a procedural complication. Patient is transferred to routine care once stable.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Richard Wright, MD; Cliff Kavinsky, MD, PhD; Thad Waites, MD		
Specialty(s):	ACC, SCAI		
CPT Code:	935X1		
Sample Size:	688	**Resp N:** 52	**Response:** 7.5 %
Description of Sample:	Targeted sample of a subpopulation of society members who indicate through their membership information that they perform transcatheter structural heart procedures.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**3.00**	6.00	35.00
Survey RVW:	12.00	25.00	**25.00**	28.00	60.00
Pre-Service Evaluation Time:			**90.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	5.00	120.00	**135.00**	180.00	300.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	935X1	**Recommended Physician Work RVU: 21.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**135.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93581	000	24.39	**RUC Time**

CPT Descriptor Percutaneous transcatheter closure of a congenital ventricular septal defect with implant

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33477	000	25.00	**RUC Time**

CPT Descriptor Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52353	000	7.50	**RUC Time**	16,401

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 29 **% of respondents:** 55.7 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 36.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 935X1	Top Key Reference CPT Code: 93581	2nd Key Reference CPT Code: **33477**
Median Pre-Service Time	58.00	30.00	63.00
Median Intra-Service Time	135.00	180.00	180.00
Median Immediate Post-service Time	30.00	60.00	33.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**223.00**	**270.00**	**276.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.83	0.95
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.03	1.11
Urgency of medical decision making	0.28	0.68
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.14	1.32
Physical effort required	1.10	1.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.83	1.05
Outcome depends on the skill and judgment of physician	0.97	1.05
Estimated risk of malpractice suit with poor outcome	0.62	0.26

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.24	1.32

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

935X1 is a new code to describe the work of closing a paravalvular leak in a previously placed mechanical mitral valve. This service is currently reported using unlisted code 93799. After review by the Research Subcommittee, this service was surveyed as a targeted sample of a subpopulation of society members who indicate through their membership information that they perform transcatheter structural heart procedures.

A joint RVS panel of ACC and SCAI members reviewed the survey data. The panel reviewed the preservice time and selected package 4 for a difficult patient/procedure with sedation, removing 5 minutes of SDW time to align with the survey data. The service is performed general anesthesia. We recommend postservice package 9B for a complex procedure with 3 minutes removed to align with the survey response. The service is exclusively performed in a hospital and the patient is sent home several days later.

The key reference service is 93581, transcatheter closure of a congenital ventricular septal defect. The key reference was selected by 29 survey respondents, or 56% of respondents. The second key reference is another transcatheter congenital service. Nineteen respondents, or 37%, selected transcatheter pulmonary valve implantation as a reference code. Respondents who selected the key reference services indicated 935X1 to be more intense/complex than the key reference services in all metrics.

We have included on the SOR the highest 0-day global MPC code (52353 at 7.50 work RVUs).

Consistent with the survey, the societies recommend the 25th-precentile work RVU of 25.00 with 58 minutes of preservice time from package 4 after 5 minutes of SDW time is removed, 135 minutes intraservice time, and 30 minutes postservice time from package 9B after 3 minutes is removed to align with the survey response of 30 minutes postservice time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93799 was billed to Medicare 988 times in 2014.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Rarely

Specialty interventional cardiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 350
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Advisors estimate this service is provided 6 times a year at roughly 50 facilities in the Medicare population and once a year in the non-Medicare population.

Specialty cardiology Frequency 175 Percentage 50.00 %

Specialty interventional cardiology Frequency 175 Percentage 50.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 300
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Advisors estimate this service is provided an average of 6 times a year at roughly 50 facilities in the Medicare population.

Specialty cardiology Frequency 150 Percentage 50.00 %

Specialty interventional cardiology Frequency 150 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93581

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:935X2 Tracking Number X2 Original Specialty Recommended RVU: **20.00**
Presented Recommended RVU: **17.97**
Global Period: 000 RUC Recommended RVU: **17.97**

CPT Descriptor: Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male with prior mechanical aortic valve replacement on two occasions now presents with NYHA Class III heart failure, hemolysis and renal insufficiency. Echocardiography demonstrates severe paravalvular regurgitation around the prosthetic aortic valve. Due to multiple comorbidities, a third aortic valve replacement is considered high risk.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: The patient's history, records, laboratory and diagnostic tests are reviewed. Physical examination is conducted. The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Appropriate communication is conducted with the patient and family as well as other medical professionals as needed. Informed consent is obtained. The operative plan is reviewed with the anesthesiologist. The patient is positioned on the procedural table. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient.

Description of Intra-Service Work: Mark and ensure all potential access sites are scrubbed and draped. Perform pre-procedural "time-out." Appropriate multi-channel hemodynamic monitoring is verified. The patient is intubated and general anesthesia is administered by a separate physician. Foley catheter is inserted and both groin sites are prepped. Transesophageal echocardiography probe is inserted and positioned by a separate physician. Arterial access is obtained. An angiographic catheter is advanced aver a wire to the ascending aorta. Supravalvular aortography is performed to assess the aortic paravalvular leak. Heparinize patient and check the activated clotting time [ACT] level at the appropriate time interval to obtain ACT ~300 seconds. Continue to check ACT every 30 min and readminister heparin during the procedure and check ACT to verify the patient is prophylactically anticoagulated.

A telescope system of a wire placed through a diagnostic catheter, which is through a guide catheter is advanced to the ascending aorta. Using angiography and echocardiographic imaging for guidance, this system is manipulated to steer the wire across the paravalvular leak. This generally requires biplane fluoroscopy and 3-dimensional TEE. This process requires prolonged manipulation of the system to direct the wire to the paravalvular leak and to cross. Exquisite care is

given to avoid entrapping the wire in the prosthetic valve, as this could cause sudden valve dysfunction with hemodynamic collapse. Once the wire is across the paravalvular leak into the left ventricle, the diagnostic catheter is carefully advanced over the wire into the ventricle. This generally requires careful manipulation of the catheter, ensuring that it enters the left ventricle but does not perforate the apex of the ventricle. Next, the guide catheter is telescoped over the diagnostic catheter into the left ventricle. Typically, this causes significant ventricular ectopy or ventricular tachycardia, causing temporary hemodynamic instability.

The diagnostic catheter is removed over the wire and the sheath is then aspirated and flushed carefully to avoid air embolization or thrombosis. With the wire in place to anchor the sheath in position, a closure device is advanced from the femoral arterial access site through the sheath into the left ventricle. The sheath and the device are pullback gradually to the level of the aortic valve annulus. Using both fluoroscopy and echocardiography to identify the positioning of the system, the closure device is positioned at the level of the paravalvular leak. The ventricular aspect of the closure device is extruded from the sheath, the sheath is pulled back in the atrial aspect of the device is now extruded. Echocardiography is used to assess the effectiveness of closure of the paravalvular leak and to assess the function of the mitral valve leaflets. In addition, fluoroscopy is used in multiple views to assess the function of the mitral valve leaflets. If the evaluation is favorable the device is released in a series of steps. After final release the patient is again evaluated by angiographic, hemodynamic and echocardiographic criteria for suitability of the paravalvular leak repair and to ensure no complications. If there is no need for an additional device, the delivery system is withdrawn and removed from the body. The anchoring wire is carefully removed, ensuring no disruption of the position of the closure device. Supravalvular aortography may be performed to assess the adequacy of paravalvular leak closure as well.

The patient's arterial pressure, EKG waveforms, and oxygen saturation are constantly monitored throughout the procedure. Images are reviewed to ensure no additional views are required before leaving the procedure suite. The groin site is closed per physician and institutional practices. Anesthesia is reversed and the patient is extubated as appropriate by the anesthesia team. Hypertension, hypotension, bleeding, arrhythmias, and oxygen desaturation are potential complications and are treated accordingly with medications and/or oxygen as needed during the procedure. The patient is transferred to the recovery suite for additional monitoring.

Description of Post-Service Work: The patient’s procedural outcome is communicated to family and to the referring physician(s). The physician writes orders and dictates an operative report. Prior to disposition the patient is observed carefully to ensure no bleeding from the access site and no hemodynamic or rhythm instability to suggest a procedural complication. Patient is transferred to routine care once stable.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Richard Wright, MD; Cliff Kavinsky, MD, PhD; Thad Waites, MD		
Specialty(s):	ACC, SCAI		
CPT Code:	935X2		
Sample Size:	688	**Resp N:** 50	**Response:** 7.2 %
Description of Sample:	Targeted sample of a subpopulation of society membership who indicate through their membership information that they perform transcatheter structural heart procedures.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**3.00**	4.00	12.00
Survey RVW:	8.00	20.00	**24.20**	25.40	50.00
Pre-Service Evaluation Time:			**90.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	3.00	90.00	**120.00**	180.00	300.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	935X2	**Recommended Physician Work RVU: 17.97**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93581	000	24.39	**RUC Time**

CPT Descriptor Percutaneous transcatheter closure of a congenital ventricular septal defect with implant

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93580	000	17.97	**RUC Time**

CPT Descriptor Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52353	000	7.50	**RUC Time**	16,401

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 29 **% of respondents:** 58.0 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 24.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 935X2	Top Key Reference CPT Code: 93581	2nd Key Reference CPT Code: **93580**
Median Pre-Service Time	58.00	30.00	30.00
Median Intra-Service Time	120.00	180.00	120.00
Median Immediate Post-service Time	30.00	60.00	60.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**208.00**	**270.00**	**210.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.55	0.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.79	0.42
Urgency of medical decision making	0.45	0.17
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.90	0.75
Physical effort required	0.86	0.75

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.52	0.67
Outcome depends on the skill and judgment of physician	0.69	0.58
Estimated risk of malpractice suit with poor outcome	0.38	0.50

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.93	0.83

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

935X2 is a new code to describe the work of closing a paravalvular leak in a previously placed mechanical aortic valve. This service is currently reported using unlisted code 93799. After review by the Research Subcommittee, this service was surveyed as a targeted sample of a subpopulation of society members who indicate through their membership information that they perform transcatheter structural heart procedures.

A joint RVS panel of ACC and SCAI members reviewed the survey data. The panel reviewed the preservice time and selected package 4 for a difficult patient/procedure with sedation, removing 5 minutes of SDW time to align with the survey data. The service is performed general anesthesia. We recommend postservice package 9B for a complex procedure with 3 minutes removed to align with the survey response. The service is exclusively performed in a hospital and the patient is sent home several days later.

The key reference service is 93581, transcatheter closure of a congenital ventricular septal defect. The key reference was selected by 29 survey respondents, or 58% of respondents. The second key reference is another transcatheter congenital service. Twelve respondents, or 24%, selected closure of an atrial septal defect as a reference code. Respondents who selected the key reference services indicated 935X2 to be more intense/complex than the key reference services in all metrics.

We have included on the SOR the highest 0-day global MPC code (52353 at 7.50 work RVUs).

Consistent with the survey, the societies recommend the 25th-precentile work RVU of 20.00 with 58 minutes of preservice time from package 4 after 5 minutes of SDW time is removed, 135 minutes intraservice time, and 30 minutes postservice time from package 9B after 3 minutes is removed to align with the survey response of 30 minutes postservice time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93799 was billed to Medicare 988 times in 2014.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Rarely

Specialty interventional cardiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 250
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Advisors estimate this service is provided 4 times a year at roughly 50 facilities in the Medicare population and once a year in the non-Medicare population.

Specialty cardiology Frequency 125 Percentage 50.00 %

Specialty interventional cardiology Frequency 125 Percentage 50.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 200
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Advisors estimate this service is provided an average of 4 times a year at roughly 50 facilities in the Medicare population

Specialty cardiology Frequency 100 Percentage 50.00 %

Specialty interventional cardiology Frequency 100 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93581

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:935X3 Tracking Number X3 Original Specialty Recommended RVU: **8.00**
Presented Recommended RVU: **8.00**
Global Period: ZZZ RUC Recommended RVU: **8.00**

CPT Descriptor: Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male with prior mechanical aortic valve replacement on two occasions now presents with NYHA Class III heart failure, hemolysis and renal insufficiency. Echocardiography demonstrates severe paravalvular regurgitation around the prosthetic aortic valve. Due to multiple comorbidities, a third aortic valve replacement is considered high risk.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work: A telescope system of a wire placed through a diagnostic catheter, which is through a guide catheter is advanced to the ascending aorta. Using angiography and echocardiographic imaging for guidance, this system is manipulated to steer the wire across the paravalvular leak. This generally requires biplane fluoroscopy and 3-dimensional TEE. This process requires prolonged manipulation of the system to direct the wire to the paravalvular leak and to cross. Exquisite care is given to avoid entrapping the wire in the prosthetic valve, as this could cause sudden valve dysfunction with hemodynamic collapse. Once the wire is across the paravalvular leak into the left ventricle, the diagnostic catheter is carefully advanced over the wire into the ventricle. This generally requires careful manipulation of the catheter, ensuring that it enters the left ventricle but does not perforate the apex of the ventricle. Next, the guide catheter is telescoped over the diagnostic catheter into the left ventricle. Typically, this causes significant ventricular ectopy or ventricular tachycardia, causing temporary hemodynamic instability.

The diagnostic catheter is removed over the wire and the sheath is then aspirated and flushed carefully to avoid air embolization or thrombosis. With the wire in place to anchor the sheath in position, a closure device is advanced from the femoral arterial access site through the sheath into the left ventricle. The sheath and the device are pullback gradually to the level of the aortic valve annulus. Using both fluoroscopy and echocardiography to identify the positioning of the system, the closure device is positioned at the level of the paravalvular leak. The ventricular aspect of the closure device is extruded from the sheath, the sheath is pulled back in the atrial aspect of the device is now extruded. Echocardiography is used to assess the effectiveness of closure of the paravalvular leak and to assess the function of the mitral valve leaflets. In

addition, fluoroscopy is used in multiple views to assess the function of the mitral valve leaflets. If the evaluation is favorable the device is released in a series of steps. After final release the patient is again evaluated by angiographic, hemodynamic and echocardiographic criteria for suitability of the paravalvular leak repair and to ensure no complications. If there is no need for an additional device, the delivery system is withdrawn and removed from the body. The anchoring wire is carefully removed, ensuring no disruption of the position of the closure device. Supravalvular aortography may be performed to assess the adequacy of paravalvular leak closure as well.

The patient's arterial pressure, EKG waveforms, and oxygen saturation are constantly monitored throughout the procedure. Images are reviewed to ensure no additional views are required before leaving the procedure suite.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Richard Wright, MD; Cliff Kavinsky, MD, PhD; Thad Waites, MD		
Specialty(s):	ACC, SCAI		
CPT Code:	935X3		
Sample Size:	688	**Resp N:** 51	**Response:** 7.4 %
Description of Sample:	Targeted sample of a subpopulation of society membership who indicate through their membership information that they perform transcatheter structural heart procedures.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	5.00	30.00
Survey RVW:	4.00	8.00	**10.00**	15.95	35.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	35.00	**60.00**	120.00	300.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	935X3	**Recommended Physician Work RVU: 8.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33257	ZZZ	9.63	**RUC Time**

CPT Descriptor Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33225	ZZZ	8.33	**RUC Time**

CPT Descriptor Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57267	ZZZ	4.88	**RUC Time**	8,063

CPT Descriptor 1 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 31.3 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 25.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 935X3	Top Key Reference CPT Code: 33257	2nd Key Reference CPT Code: **33225**
Median Pre-Service Time	0.00	15.00	0.00
Median Intra-Service Time	60.00	30.00	120.00
Median Immediate Post-service Time	0.00	15.00	60.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**60.00**	**60.00**	**180.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.55	0.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.79	0.42
Urgency of medical decision making	0.45	0.17
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.90	0.75
Physical effort required	0.86	0.75

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.52	0.67
Outcome depends on the skill and judgment of physician	0.69	0.58
Estimated risk of malpractice suit with poor outcome	0.38	0.50

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.93	0.83

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

935X3 is a new code to describe the work of closing a paravalvular leak in a previously placed mechanical aortic valve. This service is currently reported using unlisted code 93799. After review by the Research Subcommittee, this service was surveyed as a targeted sample of a subpopulation of society members who indicate through their membership information that they perform transcatheter structural heart procedures.

A joint RVS panel of ACC and SCAI members reviewed the survey data. The key reference service is 33257, operative tissue ablation and reconstruction of atria during another cardiac surgery procedure. The key reference was selected by 16 survey respondents, or 31% of respondents. The second key reference is a insertion of a venous pacing electrode. Thirteen respondents, or 25%, selected this reference code. Respondents who selected the key reference services indicated 935X3 to be more intense/complex than the key reference services in all metrics.

We have included on the SOR the highest ZZZ global MPC code (57267 at 4.88 work RVUs).

Consistent with the survey, the societies recommend the 25th-precentile work RVU of 8.00 with 60 minutes intraservice time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93799 was billed to Medicare 988 times in 2014.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Rarely

Specialty interventional cardiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 180
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Advisors estimate that an additional device will be deployed to repair a paravalvular leak 30% of the time.

Specialty cardiology Frequency 90 Percentage 50.00 %

Specialty interventional cardiology Frequency 90 Percentage 50.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 150
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Advisors estimate that an additional device will be deployed to repair a paravalvular leak 30% of the time.

Specialty cardiology Frequency 75 Percentage 50.00 %

Specialty interventional cardiology Frequency 75 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93581

SS Rec Summary

ISSUE: Closure of Paravalvular Leak

TAB: 22

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	93581	Percutaneous transcatheter clos	29	0.124			24.39			270	30					180			60
2nd REF	33477	Transcatheter pulmonary valve i	19	0.129			25.00			276	40	3	20			180			33
CURRENT	n/a			#DIV/0!						0									
SVY	935X1	Percutaneous transcatheter clos	52	0.162	12.00	25.00	25.00	28.00	60.00	285	90	15	15	5	120	135	180	300	30
REC	935X1			0.148			21.70			223	40	3	15			135			30

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	93581	Percutaneous transcatheter clos	29	0.124			24.39			270	30					180			60
2nd REF	93580	Percutaneous transcatheter clos	13	0.133			17.97			210	30					120			60
CURRENT	n/a			#DIV/0!						0									
SVY	935X2	Percutaneous transcatheter clos	50	0.175	8.00	20.00	24.20	25.40	50.00	270	90	15	15	3	90	120	180	300	30
REC	935X2			0.135			17.97			208	40	3	15			120			30

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	33257	Operative tissue ablation and rec	16	0.108			9.63			180	15					30			15
2nd REF	33225	Insertion of pacing electrode, ca	13	0.069			8.33			120						120			
CURRENT	n/a			#DIV/0!						0									
SVY	935X3	Percutaneous transcatheter clos	51	0.167	4.00	8.00	10.00	15.95	35.00	60				2	35	60	120	300	
REC				0.133			8.00			60						60			

10, 22, 47
Tab Number

LAA Closure, Paravalvular Leak, Noninvasive Physiologic Studies
Issue

333X3, 9358X1-X3, 93965
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Richard Wright, MD
Printed Signature

ACC
Specialty Society

12/7/15
Date

10, 22
Tab Number

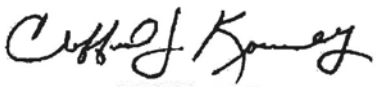
Left Atrial Appendage Closure, Closure of PVL
Issue

333X3, 9358X1-X3
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Clifford J. Kavinsky, MD, PhD, FSCAI
Printed Signature

Society for Cardiovascular Angiography & Interventions
Specialty Society

12/7/15
Date

CPT Code: 935X1, 935X2, 935X3
Specialty Society('s) ACC, HRS, SCAI

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation

Global Period: 000, ZZZ Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: A specialty panel representing cardiology, cardiac electrophysiology, and interventional cardiology discussed the practice expense inputs for 935X1 and 935X2. 935X3 is an add-on and will not have PE.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: The Panel selected the survey key reference code 93581 as a PE reference code due to its clinical similarities and its 0-day global period.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: We recommend the PE Subcommittee standards for a 0-day facility service with extensive use of clinical staff time, similar to key reference code 93581.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
-Complete pre-service diagnostic and referral forms
-Coordinate pre-service surgery services
-Schedule space and equipment in facility
-Provide pre-service education/obtain consent
-Follow-up phone calls and prescriptions

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE							
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**93581**		**935X1**		**935X2**		**935X3**	
3	**Meeting Date: January 2016 Tab: 22 Specialty: ACC, SCAI**	**CMS Code**	**Staff Type**	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant		Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve		Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve		Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				**000**		**000**		**000**		**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**30.0**	**0.0**	**30.0**	**0.0**	**30.0**	**0.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**30.0**	**0.0**	**30.0**	**0.0**	**30.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**		**5**		**5**		**5**		
13	Coordinate pre-surgery services	**L037D**	**RN/LPN/MTA**		**10**		**10**		**10**		
14	Schedule space and equipment in facility	**L037D**	**RN/LPN/MTA**		**5**		**5**		**5**		
15	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**		**7**		**7**		**7**		
16	Follow-up phone calls & prescriptions	**L037D**	**RN/LPN/MTA**		**3**		**3**		**3**		
17	Other Clinical Activity - *specify:*										
18	**End: When patient enters office/facility for surgery/procedure**										
19	**SERVICE PERIOD**										
20	**Start: When patient enters office/facility for surgery/procedure:**										
21	Greet patient, provide gowning, ensure appropriate medical records are available										
22	Obtain vital signs										
23	Provide pre-service education/obtain consent										
24	Prepare room, equipment, supplies										
25	Setup scope (non facility setting only)										
26	Prepare and position patient/ monitor patient/ set up IV										
27	Sedate/apply anesthesia										
28	Other Clinical Activity - specify:										
29	**Intra-service**										
30	Assist physician in performing procedure										
31	Assist physician/moderate sedation (% of physician time)										
32	**Post-Service**										
33	Monitor pt. following moderate sedation										
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)										
35	Clean room/equipment by physician staff										
36	Clean Scope										
37	Clean Surgical Instrument Package										
38	Complete diagnostic forms, lab & X-ray requisitions										
39	Review/read X-ray, lab, and pathology reports										
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
41	Other Clinical Activity - *specify:*										
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**										
46	**POST-SERVICE Period**										
47	**Start: Patient leaves office/facility**										
48	Conduct phone calls/call in prescriptions										
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16								
51	99212 27 minutes		27								
52	99213 36 minutes		36								
53	99214 53 minutes		53								
54	99215 63 minutes		63								
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
56	*Other Clinical Activity - *specify:*										
57	**End: with last office visit before end of global period**										
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**								
59	pack, minimum multi-specialty visit	SA048	pack								
60	**EQUIPMENT**	**CODE**									
61											

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2016

Application of On-body Injector with Subcutaneous Injection

At the October 2015 panel meeting the CPT Editorial Panel created a new code, CPT code 963XX *application of on-body injector (includes cannula insertion) for timed subcutaneous injection*, for the administration of neupogen following chemotherapy. The manufacturer of the on-body injector that administers the medication submitted the code proposal and presented to the Panel. Although the specialty society did not develop the code proposal they are strongly supportive of the application. The drug cannot be administered until 24 hours after chemotherapy and often patients are required to return to the office for administration. This is a considerable burden for those who live in rural areas and may have to travel hundreds of miles for such treatment and the specialty supports the service as it is an important method of administration for this drug.

As the specialty society prepared to survey CPT code 963XX, it was determined that a targeted sample was necessary to appropriately survey this code. This type of survey needs to be approved by the Research Subcommittee; however the deadline for approval had already passed. In a letter to the RUC the specialty requested that the survey be delayed to the April 2016 RUC meeting. Subsequent to that letter being submitted the specialty determined that there are other infusion codes 96372, 96374, 96375 are part of the same family as the new codes and that the codes should be surveyed together. The specialty also learned that other services in the family, 96372, 96374, 96375, are high volume and have been identified by the Relativity Assessment Workgroup for surveyed and review by the RUC at the October 2016 RUC meeting. It will be necessary to gain involvement from other specialty societies that perform infusion services. The societies that perform these services will review potential changes to the overall family of infusion codes and provide revised introductory material for the CPT book. The specialties plan to survey the entire family of infusion services for the October 2016 RUC meeting.

The RUC considered the recommendation of the specialty and agreed that the new service along with three other codes in the family, CPT codes 96372, 96374 and 96375 should be surveyed for the October 2016 RUC meeting. The RUC also agreed with the recommendation that the new service 963XX should be carrier priced for 2017. **The RUC recommends survey of CPT codes 96372, 96374, 96375 and 963XX for review at the October 2016 RUC meeting and recommends to carrier price CPT code 963XX for 2017.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommenda-tion
●963XX	Y1	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	XXX	Carrier Price and Survey for October 2016
96372		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	XXX	Survey for October 2016
96374		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	XXX	Survey for October 2016
96375		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)	XXX	Survey for October 2016

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December 1, 2015

Peter Smith, MD
Chair
Relative Value Scale Update Committee

Dear Dr. Smith:

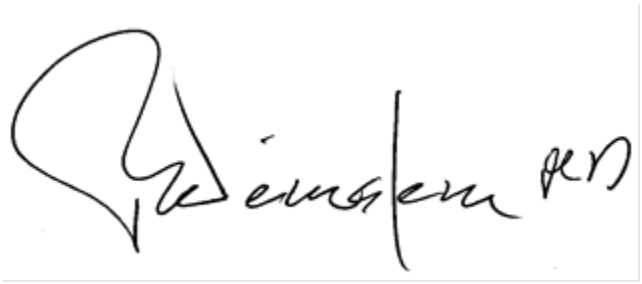
The American Society of Hematology (ASH) is writing regarding the code 963XX, the application of on-body injector (Tracking Code YY1). This code arose after a presentation made by the manufacturer of the device at the October 2015 CPT Editorial Panel Meeting. Although ASH did not write or present the application, the organization was strongly supportive of the application as this service is being used more and more for patients requiring the drug neupogen following chemotherapy. Since this drug may not be administered for 24 hours following chemotherapy, patients had been required to return to the office for administration. This was not a significant issue for those who live near where the drug was administered but a considerable burden for those who live in rural areas and may have to travel hundreds of miles for such treatment. As such, this is an important method of administration for this drug.

ASH supported the recommendation but did not learn of the decision of CPT on this issue until shortly before a survey would be required to start. At the same time, the organization was reviewing potential changes to the overall family of codes in which this would be placed. Following these discussions, we had planned to proceed with a survey but determined it would be better to use a targeted survey which would require the approval of the Research Subcommittee. By the time of this decision, the deadline for submission to the Research Subcommittee had passed.

ASH requests that this service be reviewed as part of the April 2016 meeting of the RUC. We know that the cycle of the RUC has changed so that these submissions will be considered for the 2018 cycle, however we recommend that the service be carrier-priced for 2017. We understand that there have been previous cases in which a specialty society not surveying a service resulted in that code being deleted in retroactive decision by the CPT Editorial Panel. We have serious concerns about such an approach. The CPT Editorial Panel reviewed the rationale for creating the service and determined that it met the standards for use and utility. In the normal course of events, the RUC would value this service on the basis of recommendations made by the relevant specialty societies. However, there may be times where a specialty society is unable to make these recommendations. This does not make the code less important or the decision of the CPT Editorial Panel invalid.

ASH sincerely apologizes for the errors that made the organization unable to survey the code under the existing schedule. However, we still believe the code has value and encourage that the decision of the CPT Editorial Panel not be reversed. We therefore request that this service be reviewed in April.

Sincerely,



Robert Weinstein, MD
RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2016

Parent, Caregiver-focused Health Risk Assessment – PE Only

The CPT Editorial Panel added two new codes 961X0 *administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument* and 961X1 *administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument* to be added to the Medicine section of CPT. Based on the permanence principle, which states that proposed revisions that constitute a meaningful change to a CPT code should be deleted and renumbered, 99420 will not be resequenced, instead it will be deleted from the Evaluation and Management (E/M) section.

The specialty societies originally requested 15 minutes of intra-service clinical staff time for the *Medical/Technical Assistant* (L026A). This request was based on the RUC recommendation of 15 minutes of intra-service clinical staff time for CPT code 96127 *Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument* at the April 2014 RUC meeting. The intra-service time for 96127 was subsequently refined by CMS to 7 minutes for the *Medical/Technical Assistant* (L026A). Although the PE Subcommittee purported that 96127 is very different than the new codes that are being reviewed, the specialties countered that this is not the case. In fact, the specialties noted that the assessments included in 96127, 961X0 and 961X1 are typically provided to an at-risk patient/caregiver more than once. More importantly, the specialties explained how subsequent administrations continue to require that the clinical staff explain the response choices in addition to scoring and documenting the instrument, since the questions included on the instruments rarely, if ever, become rote to at-risk patients/caregivers.

The PE Subcommittee countered that the new codes are replacing 99420 *Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal),* which will be deleted for 2017. 99420 has 15 minutes of time in the service period, but much of this time is duplicative of an E/M service, and the code only has 5 minutes of intra-service clinical staff time in the service period. Therefore, for 961X0 and 961X1, the PE Subcommittee believes that the fact that the clinical staff typically performs one of the two assessments each time an at-risk patient or caregiver returns to the office over the course of the patient's illness means that the clinical staff would only need to explain the purpose of the instrument and the response choices to the patient and/or family member the first time that the assessment is administered in addition to scoring and documenting the instrument. The PE Subcommittee assumed that on subsequent visits the patient or caregiver would already know the purpose of the assessment and would fill the assessment out independently. Based on its assumptions, the Subcommittee determined that if the assessment is typically repeated at each visit and requires little explanation after the first administration, the PE inputs should represent the typical clinical staff work, which would be the scoring and documentation portion of the assessment only. The Subcommittee also discussed that this service will typically be reported with an E/M service. For these reasons the PE Subcommittee concluded that the recommended time of 15

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minutes for the *Medical/Technical Assistant (L026A)* is not appropriate for these services and the appropriate time should be slightly lower than the clinical staff intra-service time for the reference code 96127. The PE Subcommittee reviewed the recommended direct PE inputs for these services and reduced the clinical staff time to 5 minutes.

The Subcommittee also discussed the *Beck Depression Inventory, Second Edition (BDI-II),* a new supply that the specialty societies recommended, and determined that the supply is appropriate for 961X1,as this is the caregiver focused health risk assessment and calls for a depression inventory in the CPT descriptor. The Subcommittee determined that this supply input is not appropriate for 961X0, as this is the patient focused health risk assessment and calls for a health hazard appraisal in the CPT descriptor. The PE subcommittee recommends 4 sheets of *paper, laser printing (each sheet) (SK057)* for 961X0 to print and administer the appropriate assessment tool for the patient focused code.

When presenting to the RUC, the specialty societies recommended that this family of codes be surveyed for practice expense. The specialty societies used an expert panel to determine the staff time and medical supplies, the same process that is used for most PE recommendations. PE surveys have been utilized on occasion, and it would be possible for a PE survey to be created for this service. The specialty societies noted their concern that 5 minutes of clinical staff time undervalues the service and would like the data of a PE survey in order to either verify the PE Subcommittee's reduction or indicate that more time is appropriate. The RUC agreed that this is an important service and it is critical to get the PE inputs correct. **The RUC reviewed and approved the direct practice expense inputs with modifications as recommended by the PE Subcommittee. The recommended inputs will be submitted to CMS as interim for the CPT 2017 cycle. The specialty will administer a survey and present practice expense recommendations based on the survey at the April 2016 RUC meeting for the CPT 2018 cycle.**

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Health and Behavior Assessment/Intervention** *Health and behavior...* *The focus of…* *Codes 96150-96155…* *For patients that…* *Evaluation and Management…* *96152 Health and behavior intervention, each 15 minutes, face-to-face; individual* *96155 family (without the patient present)*				
●961X0	G1	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	XXX	0.00 PE Only Interim Direct PE Inputs
●961X1	G2	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	XXX	0.00 PE Only Interim Direct PE Inputs
D99420		~~**Administration and interpretation** of health risk assessment instrument (eg, health hazard appraisal)~~ (99420 has been deleted. To report, see 961X0, 961X1)	~~XXX~~	N/A

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24
Tab Number

Parent, Caregiver-focused Health Risk Assessment
Issue

99420 & 994X1
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Jennifer R Aloff MD
Printed Signature

American Academy of Family Physicians
Specialty Society

12-11-15
Date

24
Tab Number

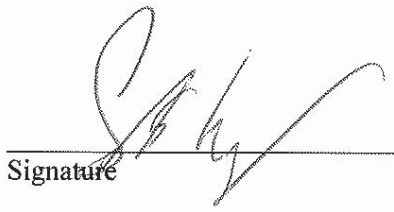
Health Risk Assessment
Issue

99420-994X1
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Steven E. Krug, MD, FAAP
Printed Signature

American Academy of Pediatrics (AAP)
Specialty Society

10/29/15
Date

CPT Code: 961X0
Specialty Societies: AAP, AAFP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

961X0 Administration of patient-focused health risk assessment (eg, health hazard appraisal), with scoring and documentation, per standardized instrument

Global Period: **XXX** Meeting Date: **January 2016**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: **A joint AAP-AAFP expert panel formulated direct practice expense input recommendations for code 961X0 utilizing the RUC-approved inputs for 99420 (March 2003 PEAC) and key reference code 96127.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference code.

Reference Codes: **99420 and 96127**

Rationale: **Code 96127 describes a brief standardized assessment for emotional and behavioral disorders, where the instrument is scored/documented by the clinical staff. This is a directly comparable model of care as described by code 961X0. 99420 is the predecessor code to this new service and will be deleted and replaced with both 961X0 and 961X1**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: **N/A**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: **We are recommending four (4) sheets of SK057 [*paper, laser printing (each sheet)*] to allow printing of health risk assessment tool, which is typically forwarded to the provider by the insurance carrier at no cost. The tools typically range between 3-5 pages in length. This is lieu of the patient education booklet (SK062) currently allowed for code 99420.**

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: **N/A**

Intra-Service Clinical Labor Activities: **The clinical staff person prints the health risk assessment instrument and prepares it for completion by the patient. The clinical staff person explains the purpose of the instrument to the patient. The clinical staff person**

instructs the patient on how to complete the instrument. After the patient completes the health risk assessment instrument, the clinical staff person scores it and records the results. The clinical staff person provides summarizing feed-back to the patient regarding instrument scoring and also provides the physician with the results.

Post-Service Clinical Labor Activities: **N/A**

CPT Code: 961X1
Specialty Societies: AAP, AAFP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

961X1 Administration of caregiver-focused assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

Global Period: **XXX** Meeting Date: **January 2016**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: **A joint AAP-AAFP expert panel formulated direct practice expense input recommendations for code 961X1 utilizing the RUC-approved inputs for key reference code 96127.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference code.

Reference Code: **96127**

Rationale: **Code 96127 describes a brief standardized assessment for emotional and behavioral disorders, where the instrument is scored/documented by the clinical staff. This is a directly comparable model of care as described by code 961X1.**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: **N/A**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: **N/A**

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: **N/A**

Intra-Service Clinical Labor Activities: **The clinical staff person selects the standardized instrument (eg, Beck Depression Inventory) and prepares it for completion by the patient's parent/caregiver. The clinical staff person explains the purpose of the instrument to the patient's parent/caregiver. The clinical staff person instructs the parent/caregiver on how to complete the instrument. After the parent/caregiver completes the screening instrument, the clinical staff person scores it and records the results. The clinical staff**

person provides summarizing feed-back to the parent/caregiver regarding instrument scoring and also provides the physician with the results.

Post-Service Clinical Labor Activities: **N/A**

	A	B	C	D	E	F	G	H	I	J	K
1	**Tab 24: AAP-AAFP Health Risk Assessment (Tracking Codes G1-G2)** **UPDATED 1/14/16**			**REFERENCE CODE (April 2014)**		**REFERENCE CODE March 2003 PEAC (Predecessor code to 961X0)**					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**96127**		**99420**		**961X1**		**961X0**	
3	**Meeting Date: January 2016** **Tab: 24** **Specialty: AAP and AAFP**	**CMS Code**	**Staff Type**	Brief emotional/behavioral asssessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument		Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)		Administration of caregiver-focused health risk assessment (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument		Administration of patient-focused health risk assessment (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**										
6	**TOTAL CLINICAL LABOR TIME**	**L026A**	**Medical/Technical Assistant**	**7.0**	**0.0**	**16.0**	**0.0**	**5.0**	**0.0**	**5.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**7.0**	**0.0**	**15.0**	**0.0**	**5.0**	**0.0**	**5.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms										
13	Coordinate pre-surgery services										
14	Schedule space and equipment in facility										
15	Provide pre-service education/obtain consent										
16	Follow-up phone calls & prescriptions										
17	Other Clinical Activity - *specify:*										
18	**End: When patient enters office/facility for surgery/procedure**										
19	**SERVICE PERIOD**										
20	**Start: When patient enters office/facility for surgery/procedure:**										
21	Greet patient, provide gowning, ensure appropriate medical records are available					**3**					
22	Obtain vital signs					**2**					
23	Provide pre-service education/obtain consent										
24	Prepare room, equipment, supplies					**2**					
25	Setup scope (non facility setting only)										
26	Prepare and position patient/ monitor patient/ set up IV					**1**					
27	Sedate/apply anesthesia										
28	Other Clinical Activity - specify:										
29	**Intra-service**										
30	Assist physician in performing procedure										
31	**Administration, scoring, and documenting results of completed standardized instrument**	**L026A**	**Medical/Technical Assistant**	**7**				**5**		**5**	
32	**Review history, systems, and medications**					**5**					
33	**Post-Service**										
34	Monitor pt. following moderate sedation										
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)										
36	Clean room/equipment by physician staff					**2**					
37	Clean Scope										
38	Clean Surgical Instrument Package										
39	Complete diagnostic forms, lab & X-ray requisitions										
40	Review/read X-ray, lab, and pathology reports										
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
42	Other Clinical Activity - *specify:*										
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**			
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**			
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**			
46	**End: Patient leaves office**										
47	**POST-SERVICE Period**										
48	**Start: Patient leaves office/facility**										
49	Conduct phone calls/call in prescriptions					**1**					
50	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**		
51	99211 16 minutes		16								
52	99212 27 minutes		27								
53	99213 36 minutes		36								
54	99214 53 minutes		53								
55	99215 63 minutes		63								
56	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		
57	Other Clinical Activity - *specify:*										
58	**End: with last office visit before end of global period**										
59	**MEDICAL SUPPLIES***	**CODE**	**UNIT**								
60	pack, minimum multi-specialty visit	SA048	pack								
61	**Beck Youth Inventory, Second Edition (BYI-II); Combination Inventory Booklet**	**SK119**	**item**	**1**							
62 63	**Beck Depression Inventory, Second Edition (BDI-II)** **http://aac.ncat.edu/newsnotes/y98fall.html**	**New**	**item**					**1**			
64	**Patient education booklet**	**SK062**	**item**			**1**					
65	**paper, laser printing (each sheet)**	**SK057**	**item**							**4**	
66	**EQUIPMENT**	**CODE**									
67											

American Psychological Association
Office of Health Care Finance
750 First Street, NE
Washington, DC 20002

January 4, 2016

Peter K. Smith, MD
Chair, AMA/Specialty Society RVS Update committee
Relative Value Systems, American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611

Dear Dr. Smith:

The American Psychological Association wishes to submit its comments on the RUC recommendations for the **Parent, Caregiver-focused Health Risk Assessment – Tab 24.**

961X1 *Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation*

We believe that some psychologists will report this code, as they often see the parents and caregivers of their patients – and administer caregiver-focused health risk assessments.

The American Psychological Association coding committee and I reviewed the recommendations; our comment is that we view the practice expense inputs as appropriate to the services. Because the recommendations are for practice expense inputs only, we are not commenting on work value rank order.

The American Psychological Association is pleased to participate in the relative value update process.

Sincerely,



Randy Phelps, Ph.D.

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request - NPRM for 2016

January 2016

Anesthesia for Intestinal Endoscopic Procedures

In the Final Rule for 2016, CMS stated that the anesthesia procedure codes 00740 *Anesthesia for procedure on gastrointestinal tract using an endoscope* and 00810 *Anesthesia for procedure on lower intestine using an endoscope* are used for anesthesia furnished in conjunction with lower GI procedures. In reviewing Medicare claims data, CMS noted that a separate anesthesia service is now reported more than 50 percent of the time when several types of colonoscopy procedures are reported. Given the significant change in the relative frequency with which anesthesia codes are reported with colonoscopy services, CMS believes the base units of the anesthesia services should be reexamined. Therefore, CMS proposed to identify CPT codes 00740 and 00810 as potentially misvalued. The RUC added CPT codes 00740 and 00810 to the list of potentially misvalued services to review for the January 2016 meeting.

The specialty society provided an overview of the anesthesia codes and how the base units were developed as well explained each quintile comparable to work RVUs as explained in the April 2007 Anesthesia Workgroup report.

Three important points that the RUC emphasized regarding anesthesia services are:

1) Anesthesia codes are not like the other codes in the RBRVS, the RUC cannot crosswalk from one anesthesia code to another because each anesthesia code may represent the anesthesia work for 40-100 different procedures.
2) The Post-Induction Period Procedure Anesthesia (PIPPA) intensity is the single differential measure for comparison of all anesthesia base codes. The correlation between the procedure and the anesthesia service is not strict.
3) Time is calculated outside of the base unit and cannot be used as a comparator in the same way that the RUC uses intra-service time.

The RUC agreed that a base unit is not the same as a work RVU but there is a formula to convert base units to work RVUs to provide the RUC with an idea where these services would fall within the RBRVS. The specialty society presented the comparison calculations as follows:

000740 ***Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum***

0.88	Pre-Anesthesia Time
0.21	Preparation Time
0.76	Post Time
0.42	Induction Period
+ 0.59	PIPPA (time x intensity)
2.86	Equivalent wRVU for Base Unit

÷0.48	(Anesthesia CF ÷ MFS CF) x Anesthesia work portion
5.96	Base Anesthesia Unit

00810 ***Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum***

0.88	Pre-Anesthesia Time
0.21	Preparation Time
0.76	Post Time
0.42	Induction Period
+ 0.88	PIPPA (time x intensity)
3.15	Equivalent wRVU for Base Unit
÷0.48	(Anesthesia CF ÷ MFS CF) x Anesthesia work portion
6.56	Base Anesthesia Unit

Next, the RUC reviewed the 19 Index Codes surveyed and examined by the 2007 RUC Anesthesia Workgroup to identify appropriate comparison codes. The data for the comparison codes in relation to the codes under discussion actually supports an increased value for each code; however, the society has no compelling evidence for requesting an increase and their recommendation is to maintain the current value of 5 base units for each code.

The Committee compared 00740 and 00810 PIPPA intensity based on the surveyed levels intensity (see description of levels and percentages in Table 1) and noted that the crosswalk to the Index Codes also supports a higher base unit than 5. However, the specialty society and the RUC did not believe there was compelling evidence to justify a higher value for the anesthesia care as currently indicated by the survey respondents for 00740 and 00810.

Lastly, the Committee noted that a comparison to the RUC recommended values for moderate sedation services,991X4 *Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intra-service time, patient age 5 years or older* and 991X6 *Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intra-service time (List separately in addition to code for primary service)* produces a work RVU equivalent that is only slightly higher than the recommended moderate sedation service for the same number of minutes. Therefore, to recommend less than 5 anesthesia units for 00740 would value it at less than 991X4 (moderate sedation) and thus create a rank order anomaly.

CPT code	Base Unit	Time (min)	Time units (15 min units)	Total Anesthesia units	Work RVU equivalent	Total wRVU from moderate sedation different provider
00740	5	24	1.60	6.60	3.17	3.09
00810	5	28	1.87	6.87	3.30	3.09

00740 ***Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum***
Although 77% of the survey respondents determined that the vignette was typical, the RUC could not accept the typical patient was anesthesia for therapeutic ERCP. The RUC recommends resurveying 00740 after the vignette is revised for a patient receiving anesthesia for an esophagogastroduodenoscopy (EGD). The Committee recommends resurveying 00740 to determine the correct intensity of 00740. In response to RUC concerns that the vignette in the SOR is not representative of current practice, ASA indicated they will submit a new vignette for Research Subcommittee review and approval prior to resurveying the code. **The RUC recommends an interim base unit of 5 for CPT code 00740.**

00810 ***Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum***
The RUC determined that the vignette for code 00810 should be revised and resurveyed with 00740. **The RUC recommends an interim base unit of 5 for CPT code 00810.**

The RUC recommends:

1) **An interim base unit of 5 for code 00740 and 00810 and notes the comparison to the RUC recommended values for moderate sedation, 991X4 and 991X6, results in a work RVU equivalent that is only slightly higher than moderate sedation service of the same number of minutes.**
2) **Referral to the Research Subcommittee for review of the vignettes and to develop a method on how to review the survey data to value these services. The specialty societies should revise the vignette for the typical patient receiving anesthesia for an EGD for 00740 and for a patient receiving anesthesia for a colonoscopy (45378) for 00810.**
3) **Resurvey 00740 and 00810 for the April 2016 RUC meeting.**

Table 1. Comparison of PIPPA Weighted Intensities with Codes from 19 Index Codes and Survey of 00740 and 00810

	code	Base Value	PIPPA Intensity (weighted Average)	Level 1 %	Level 2 %	Level 3%	Level 4%	Level 5%
				0.031	0.044	0.055	0.070	0.090
From 19 Index Codes	00830	4	0.035	78%	11%	11%	0%	0%
	00404	5	0.034	81%	9%	9%	0%	0%
	00914	5	0.037	71%	18%	12%	0%	0%
	00840	6	0.044	43%	24%	22%	11%	0%
Current SOR	00740	5	0.047	37%	29%	17%	10%	7%
	00810	5	0.043	49%	24%	13%	8%	6%

From 19 Index Codes Descriptors

00830	Anesthesia for hernia repairs in lower abdomen
00404	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified procedures on breast
00914	Anesthesia for transuretheral procedures (including urethrocystoscopy); transurethral resection of prostrate
00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not other-wise specified

Level 1: Presenting problems are self –limited or minor; straightforward medical decision-making and treatment
Level 2: Presenting problems are of low severity; medical decision-making and treatment of low complexity
Level 3: Presenting problems are of moderate severity; medical decision-making of moderate complexity treatment of high complexity
Level 4: Presenting problems are of moderate to high severity; medical decision-making of moderate to high complexity and treatment of high complexity.
Level 5: Presenting problems are of high severity; medical decision-making and treatment of high complexity; critically ill or critically injured patient

Additional Data For 19 Index Codes

Code	***Base Unit***	***PIPPA Intensity (Weighted Average)***	**Level 1 %**	**Level 2 %**	**Level 3%**	**Level 4%**	**Level 5 %**
00910	3	0.037	66%	17%	17%	0%	0%
01382	3	0.034	84%	7%	10%	0%	0%
00830	4	0.035	78%	11%	11%	0%	0%
00404	5	0.034	81%	9%	9%	0%	0%
00914	5	0.036	71%	18%	12%	0%	0%
00840	6	0.044	43%	24%	22%	11%	0%
00944	6	0.035	75%	15%	10%	0%	0%
01230	6	0.045	33%	33%	22%	11%	0%
01844	6	0.040	56%	28%	9%	7%	0%
00790	7	0.040	53%	23%	23%	0%	0%
01402	7	0.040	56%	21%	16%	7%	0%
00630	8	0.042	49%	22%	21%	8%	0%
01270	8	0.041	53%	22%	16%	8%	0%
00350	10	0.048	26%	29%	29%	17%	0%
00540	12	0.047	34%	26%	21%	17%	2%
00770	15	0.056	21%	23%	23%	17%	17%

Note: Codes 00142, 00210 and 00562 were deleted from the 19 Index Codes as they were resurveyed after the 2007 analysis.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Base Unit Recommendation
00740	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum	XXX	5.0 (Interim and Re-survey for April 2016)
00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	XXX	5.0 (Interim and Re-survey for April 2016)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
ANESTHESIA SUMMARY OF RECOMMENDATION

CPT Code:00740 Tracking Number: Original Specialty Recommended Base Unit Value: **5**
Presented Recommended Base Unit Value: **5**
Global Period:XXX RUC Recommended Base Unit Value: **5**

CPT Descriptor: Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old patient presents with abdominal pain and abnormal laboratory tests (aspartate aminotransferase [AST], alanine aminotransferase [ALT], alkaline phosphatase, total bilirubin, amylase). Imaging studies show an apparent retained common bile duct stone. Anesthesia for therapeutic ERCP with stone removal is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 77.00%

Description of Pre-Service Work: Obtain a thorough medical history. Perform a physical examination with special attention to patient's comorbidities, medications, allergies, and cardiac and pulmonary status. In addition, perform a thorough airway examination and auscultation of the heart and lungs. Review pertinent data along with results from electrocardiogram (ECG), chest X rays, and other tests that may be significant in this patient population. Discuss anesthesia care including anxiolysis, analgesia, general anesthesia, and intubation with patient and/or family. Prepare anesthesia equipment and drugs. Review and assess patient's medical record and any other interim data as necessary. Discuss possible risks from anesthesia and obtain informed consent.

Description of Intra-Service Work: Start a peripheral intravenous catheter, administer an anxiolytic, and transport patient to the operating room (OR) or GI suite. In the OR, confirm placement of standard monitors (ECG, pulse oximetry, noninvasive blood pressure [NIBP], end-tidal CO2 [carbon dioxide]). Participate in presurgical review, confirming correct patient will have correct procedure. Place nasal cannula or facemask on patient to provide supplemental oxygen (O2) during sedation and procedure. Position patient as necessary, which may be supine, lateral or in the prone position, as determined by the physician performing the procedure. The resulting position along with the presence of the endoscope may compromise access to the airway should it be necessary to assist ventilation during the procedure. Administer sedation agents to provide comfort and anxiolysis while still maintaining spontaneous ventilation and hemodynamic stability throughout the procedure. Carefully titrate sedation and analgesia to allow the patient to awaken quickly to a cogent but analgesic state. At the end of the procedure, transfer patient to the postanesthetic care unit where she will be cared for by the recovery room nursing staff until discharge.

Description of Post-Service Work: Order appropriate analgesic and/or anti-emetic for postprocedure discomfort as necessary. Dispose of anesthesia equipment and drugs consistent with The Joint Commission (TJC) standards. Make a postoperative evaluation in the postanesthesia care unit to determine satisfactory recovery from anesthetic care and determine whether any anesthetic-related complications have occurred. Discharge patient from the unit.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016
Presenter(s):	Marc Leib, MD; Richard Rosenquist, MD
Specialty(s):	American Society of Anesthesiologists
CPT Code:	00740

CPT Code: 00740

Sample Size: 3494	**Resp n:** 118	**Resp:** 3.37%			
Description of Sample: Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	20.00	**40.00**	100.00	500.00
Survey Base Unit Values:	3.00	5.00	**6.00**	6.00	15.00
Pre-Anesthesia Time:					
Evaluation	**3.00**	**10.00**	**15.00**	**15.00**	**30.00**
Equipment/Supply Preparation	**2.00**	**5.00**	**10.00**	**10.00**	**25.00**
Intra-op Anesthesia Time:					
Induction Period	1.00	5.00	**8.00**	10.00	45.00
Post-Induction Period	3.00	15.00	**40.00**	60.00	120.00
Post-Anesthesia Time:			**10.00**		

SPECIALTY SOCIETY RECOMMENDED DATA

CPT Code: 00740	
	Specialty Recommended
Base Unit Value:	**5.00**
Pre-Anesthesia Time:	
Evaluation	**15.00**
Equipment/Supply Preparation	**10.00**
Intra-op Anesthesia Time:	
Induction Period	**8.00**
Pos-Induction Period	**40.00**
Post-Anesthesia Time:	**10.00**

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value	Time Source
00851	XXX	6	RUC Time

CPT Descriptor Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value	Time Source
01992	XXX	5	**RUC Time**

CPT Descriptor Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Base Unit Value	Time Source	Most Recent Medicare Utilization

CPT Descriptor 1

MPC CPT Code 2	Global	Base Unit Value	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Base Unit Value	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 43 **% of respondents:** 36.4 **%**

Number of respondents who choose 2nd Key Reference Code: 27 **% of respondents:** 22.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 00740**	**Top Key CPT Code: 00851**	**2nd Key CPT Code: 01992**
Median Pre-Service Time		15.00	0.00
Evaluation	15.00		
Equipment/Supply Preparation	10.00		
Median Intra-Service Time		60.00	0.00
Induction Period	8.00		
Post-Induction Period	40.00		
Median Post-service Time	10.00	10.00	0.00
Median Total Time	**83.00**	**85.00**	**55.00**

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.47	1.04
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.40	1.11
Urgency of medical decision making	0.49	0.96
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.33	1.11
Physical effort required	0.56	1.19
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.70	1.56

Outcome depends on the skill and judgment of physician	0.47	1.22
Estimated risk of malpractice suit with poor outcome	0.40	1.19

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.53	1.48

Post-Induction Anesthesia
Time-Intensity Allocation

	Percentage of Time (%)
Level 1 Presenting Problems are self-limited or minor; Straightforward medical decision making and treatment	37.30
Level 2 Presenting Problems are of low severity; Medical decision making and treatment of low complexity	29.40
Level 3 Presenting Problems are of moderate severity; Medical decision making of moderate complexity and treatment of high complexity	17.00
Level 4 Presenting Problems are moderate to high severity; Medical decision making of moderate to high complexity and treatment of high complexity	9.80
Level 5 Presenting problems are of high severity; Medical decision making and treatment of high complexity; Critically ill or critically injured patient	7.00
Total (must total 100%)	100.00%

ADDITIONAL RATIONALE

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the Proposed Rule for 2016, CMS noted that it appeared the practice patterns for endoscopic procedures have changed and that anesthesia is increasingly reported with these procedures. Medicare claims data indicate that anesthesia is being separately reported in conjunction with lower GI procedures more than 50% of the time. Given this increase in relative frequency, CMS felt that the relative values of 00740 and 00810 needed to be reviewed as potentially misvalued codes. ASA disagrees with the conclusion that the increased utilization is indicative of potential misvaluation, but rather attributes this increase to a very successful public campaign encouraging patients to have screening colonoscopies to detect possible colon malignancies earlier. This increase can also be attributed to a change in CMS policy that eliminated cost-sharing for Medicare beneficiaries when anesthesia services are furnished in conjunction with screening colonoscopies, and to the increasing expectations among patients that these procedures be performed under anesthesia, associated with a reluctance to undergo screening exams if not provided under anesthesia. That said, any

discussion of anesthesia code values requires an explanation as to how anesthesia services are valued and paid, which is different than other physician services in which each code is associated with a number of Relative Value Units (RVUs).

The Medicare Claims Processing Manual Chapter 12 Section 50 states "The fee schedule amount for physician anesthesia services furnished on or after January 1, 1992 is . . . based on allowable base and time units multiplied by an anesthesia conversion factor specific to that locality. The base unit for each anesthesia procedure is communicated to the Part B Contractors by means of the HCPCS file released annually. The public can access the base units on the CMS homepage through the anesthesiologist's center. The way in which time units are calculated is described in §50.G. CMS releases the conversion factor annually

Unlike other services valued under RBRVS, time is not a factor that is considered when determining a base unit value. The formula for determining anesthesia payments is (Base Units + Time Units) X Conversion Factor. The base unit value comes from the CPT code that describes the anesthesia service. For anesthesia claims, time is separately calculated for each case and is submitted in actual minutes. CMS converts reported minutes into time units when determining payment. CMS uses a 15 minute unit and calculates time units to 1 decimal place. For example, anesthesia CPT code 00740 currently has 5 base units. If the reported anesthesia time is 35 minutes, this is converted to 2.3 time units (35/15 = 2.3) and the payment calculation would be (5 base units + 2.3 time units) x $22.44 per unit = $163.81.

Attached is a spreadsheet with all anesthesia CPT codes, their code descriptors and base unit values. The first spreadsheet has the codes in numerical order, demonstrating how these codes are organized on the basis of anatomical regions. The second spreadsheet rank orders all anesthesia codes by increasing base unit values. Base units range from a low of 3 units to a high of 30 base units with the exception of two add-on codes.

This is a robust survey with 118 responses. There is widespread agreement on the relative value of CPT code 00740 with a 25th percentile value of 5 base units, a median value of 6 base units and a 75th percentile of 6 base units. The current value is 5 base units. Almost 60% of respondents chose one of two Key Reference Codes, one with a base unit value of 6, and the other a base unit value of 5. When comparing 00740 to the Key Reference Codes, respondents rated the survey code as having somewhat greater intensity and complexity compared to either of the Key Reference Codes, further supporting current value. Because anesthesia codes are valued differently than other CPT codes, the anesthesia codes do not appear on the MPC list and there are no applicable non-anesthesia codes on the MPC list.

The CMS acknowledges that just because a code is on a potentially misvalued list, does not mean it is in fact misvalued. We believe that this is the case with 00740. This code is not misvalued.

The specialty society is recommending that this code maintain its current value of 5 base units.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this new/revised code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 00740

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty CRNA How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3,907,206
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is estimated at 3 times Medicare frequency.

Specialty Anesthesiology Frequency 1,933,285 Percentage 49.48%

Specialty CRNA Frequency 1,910,233 Percentage 48.89%

Specialty Frequency Percentage

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,302,402 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Anesthesiology Frequency 644,429 Percentage 49.48%

Specialty CRNA Frequency 636,744 Percentage 48.89%

Specialty Frequency Percentage

Do many physicians perform this service across the United States? Yes

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
ANESTHESIA SUMMARY OF RECOMMENDATION

CPT Code:00810 Tracking Number: Original Specialty Recommended Base Unit Value: **5**
Presented Recommended Base Unit Value: 5
Global Period:XXX RUC Recommended Base Unit Value: **5**

CPT Descriptor: Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old patient presents with diarrhea, anemia, and intermittent rectal bleeding. Anesthesia for colonoscopy with biopsies of a lesion is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 83.65%

Description of Pre-Service Work: Obtain a thorough medical history. Perform a physical examination with special attention to patient's comorbidities, medications, allergies, and cardiac and pulmonary status. In addition, perform a thorough airway examination and auscultation of the heart and lungs. Review pertinent data along with results from electrocardiogram (ECG), chest X rays, and other tests that may be significant in this patient population. Discuss anesthesia care including anxiolysis, analgesia, general anesthesia, and intubation with patient and/or family. Prepare anesthesia equipment and drugs. Review and assess patient's medical record and any other interim data as necessary. Discuss possible risks from anesthesia and obtain informed consent.

Description of Intra-Service Work: Start a peripheral intravenous catheter, administer an anxiolytic, transport patient to the operating room or GI suite, and confirm placement of standard monitors (ECG, pulse oximetry, noninvasive blood pressure [NIBP], end-tidal CO2 [carbon dioxide]). Participate in presurgical review, confirming correct patient will have correct procedure. Place nasal cannula or facemask on patient to provide supplemental oxygen (O2) during sedation and procedure. Administer sedation agents to provide comfort and anxiolysis while still maintaining spontaneous ventilation and hemodynamic stability throughout the procedure. Patient is positioned either laterally or prone, either of which may compromise adequate access to the airway. At the end of the procedure, transfer patient to the postanesthetic care unit and transfer care to the recovery room nursing staff until discharge.

Description of Post-Service Work: Order appropriate analgesic and/or anti-emetic for postprocedure discomfort as necessary. Dispose of anesthesia equipment and drugs consistent with The Joint Commission (TJC) standards. Make a postoperative evaluation in the postanesthesia care unit to determine satisfactory recovery from anesthetic care and determine whether any anesthetic-related complications have occurred. Discharge patient from the unit.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016					
Presenter(s):	Marc Leib, MD; Richard Rosenquist, MD					
Specialty(s):	American Society of Anesthesiologists					
CPT Code:	00810					
Sample Size:	3494	**Resp n:**	104	**Resp:** 2.97%		
Description of Sample:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	

CPT Code: 00810

Service Performance Rate	0.00	30.00	**60.00**	135.00	2200.00
Survey Base Unit Values:	3.00	5.00	**5.00**	5.00	10.00
Pre-Anesthesia Time:					
Evaluation	**0.00**	**10.00**	**10.00**	**15.00**	**30.00**
Equipment/Supply Preparation	**0.00**	**5.00**	**6.00**	**10.00**	**20.00**
Intra-op Anesthesia Time:					
Induction Period	0.00	5.00	**5.00**	8.50	40.00
Post-Induction Period	0.00	15.00	**25.00**	35.00	80.00
Post-Anesthesia Time:			**5.00**		

SPECIALTY SOCIETY RECOMMENDED DATA

CPT Code: 00810	
	Specialty Recommended
Base Unit Value:	**5.00**
Pre-Anesthesia Time:	
Evaluation	**10.00**
Equipment/Supply Preparation	**6.00**
Intra-op Anesthesia Time:	
Induction Period	**5.00**
Pos-Induction Period	**25.00**
Post-Anesthesia Time:	**5.00**

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value	Time Source
01112	XXX	5	RUC Time

CPT Descriptor Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Base Unit Value	Time Source
01992	XXX	5	**RUC Time**

CPT Descriptor Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Base Unit Value	Time Source	Most Recent Medicare Utilization

CPT Descriptor 1

MPC CPT Code 2	Global	Base Unit Value	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Base Unit Value	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 23.0 **%**

Number of respondents who choose 2nd Key Reference Code: 20 **% of respondents:** 19.2 **%**

TIME ESTIMATES (Median)	**CPT Code: 00810**	**Top Key CPT Code: 01112**	**2nd Key CPT Code: 01992**
Median Pre-Service Time		15.00	0.00
Evaluation	10.00		
Equipment/Supply Preparation	6.00		
Median Intra-Service Time		45.00	0.00
Induction Period	5.00		
Post-Induction Period	25.00		
Median Post-service Time	5.00	30.00	0.00
Median Total Time	**51.00**	**90.00**	**55.00**

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.46	0.45
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.29	0.35
Urgency of medical decision making	0.38	0.55
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.13	0.35
Physical effort required	0.21	0.40
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.54	0.50
Outcome depends on the skill and judgment of physician	0.38	0.20

Estimated risk of malpractice suit with poor outcome	0.46	0.50

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.38	0.50

Post-Induction Anesthesia Time-Intensity Allocation

	Percentage of Time (%)
Level 1 Presenting Problems are self-limited or minor; Straightforward medical decision making and treatment	48.80
Level 2 Presenting Problems are of low severity; Medical decision making and treatment of low complexity	24.00
Level 3 Presenting Problems are of moderate severity; Medical decision making of moderate complexity and treatment of high complexity	12.71
Level 4 Presenting Problems are moderate to high severity; Medical decision making of moderate to high complexity and treatment of high complexity	8.00
Level 5 Presenting problems are of high severity; Medical decision making and treatment of high complexity; Critically ill or critically injured patient	5.60
Total (must total 100%)	100.00%

ADDITIONAL RATIONALE

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

In the Proposed Rule for 2016, CMS noted that it appeared the practice patterns for endoscopic procedures have changed and that anesthesia is increasingly reported with these procedures. Medicare claims data indicate that anesthesia is being separately reported in conjunction with lower GI procedures more than 50% of the time. Given this increase in relative frequency, CMS felt that the relative values of 00740 and 00810 needed to be reviewed as potentially misvalued codes. ASA disagrees with the conclusion that the increased utilization is indicative of potential misvaluation, but rather attributes this increase to a very successful public campaign encouraging patients to have screening colonoscopies to detect possible colon malignancies earlier. This increase can also be attributed to a change in CMS policy that eliminated cost-sharing for Medicare beneficiaries when anesthesia services are furnished in conjunction with screening colonoscopies, and to the increasing expectations among patients that these procedures be performed under anesthesia, associated with a reluctance to undergo screening exams if not provided under anesthesia. That said, any discussion of anesthesia code values requires an explanation as to how anesthesia services are valued and paid, which is different than other physician services in which each code is associated with a number of Relative Value Units (RVUs).

The Medicare Claims Processing Manual Chapter 12 Section 50 states "The fee schedule amount for physician anesthesia services furnished on or after January 1, 1992 is . . . based on allowable base and time units multiplied by an anesthesia conversion factor specific to that locality. The base unit for each anesthesia procedure is communicated to the Part B Contractors by means of the HCPCS file released annually. The public can access the base units on the CMS homepage through the anesthesiologist's center. The way in which time units are calculated is described in §50.G. CMS releases the conversion factor annually."

Unlike other services valued under RBRVS, time is not a factor that is considered when determining a base unit value. The formula for determining anesthesia payments is (Base Units + Time Units) X Conversion Factor. The base unit value comes from the CPT code that describes the anesthesia service. For anesthesia claims, time is separately calculated for each case and is submitted in actual minutes. CMS converts reported minutes into time units when determining payment. CMS uses a 15 minute unit and calculates time units to 1 decimal place. For example, anesthesia CPT code 00740 currently has 5 base units. If the reported anesthesia time is 35 minutes, this is converted to 2.3 time units (35/15 = 2.3) and the payment calculation would be (5 base units + 2.3 time units) x $22.44 per unit = $163.81.

Attached is a spreadsheet with all anesthesia CPT codes, their code descriptors and base unit values. The first spreadsheet has the codes in numerical order, demonstrating how these codes are organized on the basis of anatomical regions. The second spreadsheet rank orders all anesthesia codes by increasing base unit values. Base units range from a low of 3 units to a high of 30 base units with the exception of two add-on codes.

This is a robust survey with 104 responses. There is widespread agreement on the relative value of CPT code 00810 with a 25th percentile value of 5 base units, a median value of 5 base units and a 75th percentile of 5 base units. The current value is 5 base units. Over 40% of respondents chose one of two Key Reference Codes, each with a base unit value of 5. When comparing 00810 to the Key Reference Codes, respondents rated the survey code as having somewhat greater intensity and complexity compared to either of the Key Reference Codes, further supporting current value. Because anesthesia codes are valued differently than other CPT codes, the anesthesia codes do not appear on the MPC list and there are no applicable non-anesthesia codes on the MPC list.

The CMS acknowledges that just because a code is on a potentially misvalued list, does not mean it is in fact misvalued. We believe that this is the case with 00740. This code is not misvalued.

The specialty society is recommending that this code maintain its current value of 5 base units.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this new/revised code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this new/revised code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 00810

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty CRNA How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4,806,927
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency is estimated at 3 times Medicare frequency.

Specialty CRNA Frequency 2,701,010 Percentage 56.19%

Specialty Anesthesiology Frequency 2,047,270 Percentage 42.59%

Specialty Frequency Percentage

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,602,308 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty CRNA Frequency 900,337 Percentage 56.19%

Specialty Anesthesiology Frequency 682,423 Percentage 42.59%

Specialty Frequency Percentage

Do many physicians perform this service across the United States? Yes

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Anesthesia Codes 00740 00810

TAB: 25

					Anesthesia Base Unit Value					Total	Pre-Anesthesia Time										Intra-op Anesthesia Time										Post-Anesthesia Time	Post-Induction Anesthesia Time-Intensity Allocation					
											Evaluation					Equipment/Supply Preparation					Induction Period					Post-Induction Period										
Source	CPT	DESC	Resp	MIN	25th	MED	75th	MAX	Time	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	POST	Level 1	Level 2	Level 3	Level 4	Level 5	Total
1st REF	00851	Anesthesia for intraperitoneal pr	43			6.00			85.0																										
2nd REF	01992	Anesthesia for diagnostic or ther	27			5.00			55.0																										
CURRENT	00740	Anesthesia for upper gastrointestinal endoscopic pr				5.00			77.0																										
SVY	00740	Anesthesia for upper gastrointes	118	3.00	5.00	6.00	6.00	15.00	83.0	3.0	10.0	15.0	15.0	30.0	2.0	5.0	10.0	10.0	25.0	1.0	5.0	8.0	1.0	45.0	3.0	15.0	40.0	60.0	120.0	10						0%
REC	00740	Anesthesia for upper gastrointes	118			5.00			83.0			15.0					10.0					8.0					40.0			10						0%

					Anesthesia Base Unit Value					Total	Pre-Anesthesia Time										Intra-op Anesthesia Time										Post-Anesthesia Time	Post-Induction Anesthesia Time-Intensity Allocation					
											Evaluation					Equipment/Supply Preparation					Induction Period					Post-Induction Period										
Source	CPT	DESC	Resp	MIN	25th	MED	75th	MAX	Time	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	MIN	25th	MED	75th	MAX	POST	Level 1	Level 2	Level 3	Level 4	Level 5	Total
1st REF	01112	Anesthesia for bone marrow asp	24			5.00			90.0																										
2nd REF	01992	Anesthesia for diagnostic or ther	20			5.00			55.0																										
CURRENT	00810	Anesthesia for lower intestinal endoscopic procedur				5.00			86.0																										
SVY	00810	Anesthesia for lower intestinal e	104	3.00	5.00	5.00	5.00	10.00	51.0	0.0	10.0	10.0	15.0	30.0	0.0	5.0	6.0	10.0	20.0	0.0	5.0	5.0	8.5	40.0	0.0	15.0	25.0	35.0	80.0	5						0%
REC	00810	Anesthesia for lower intestinal e	104			5.00			51.0			10.0					6.0					5.0					25.0			5						0%

25
Tab Number

Anesthesia for Intestinal Endoscopic Procedures
Issue

00740, 00810
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

Richard Rosenquist, MD
Printed Signature

American Society of Anesthesiologists
Specialty Society

December 14, 2015
Date

25
Tab Number

Anesthesia for Intestinal Endoscopic Procedures
Issue

00740, 00810
Code Range

Attestation Statement

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Signature

Marc Leib, MD, JD
Printed Signature

American Society of Anesthesiologists
Specialty Society

December 14, 2015
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

00740 - Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum

00810 - Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum

Global Period: XXX Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

We are requesting the standard anesthesia PE package.

> *CMS requested the PERC discuss the appropriateness of direct practice expense of clinical labor employed by the physician as a cost in the facility setting. The PERC carefully discussed the recommendation by the American Society of Anesthesiology of 11 minutes and agreed that this was a direct practice expense however 8 minutes of clinical labor time was more appropriate. The PERC recommends 8 minutes of clinical labor time for all anesthesia codes consisting of 3 minutes of anesthesia scheduling and 5 minutes of case assignment, scheduling coordination, and completion of forms.*

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

3 minutes – anesthesia scheduling

5 minutes – case assignment, scheduling coordination, and completion of forms

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

N/A

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

00740 - Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum

00810 - Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum

Global Period: XXX Meeting Date: January 2016

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5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

3 minutes – anesthesia scheduling

5 minutes – case assignment, scheduling coordination, and completion of forms

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

N/A

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**00740**		**00740**		**00810**		**00810**	
3	**Meeting Date: January 2016 Tab: 25 Specialty: American Society of Anesthesiologists**	**CMS Code**	**Staff Type**	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to		Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenumintroduced	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**										
6	**TOTAL CLINICAL LABOR TIME**			**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**	**8.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms										
13	Coordinate pre-surgery services										
14	Schedule space and equipment in facility										
15	Provide pre-service education/obtain consent										
16	Follow-up phone calls & prescriptions										
17	Other Clinical Activity - *specify:*										
18	Anesthesia Scheduling	L037D	RN/LPN/MTA	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
19	Case assignment, scheduling coordination and completion of forms	L037D	RN/LPN/MTA	**5**	**5**	**5**	**5**	**5**	**5**	**5**	**5**
20	**End: When patient enters office/facility for surgery/procedure**										
21	**SERVICE PERIOD**										
22	**Start: When patient enters office/facility for surgery/procedure:**										
23	Greet patient, provide gowning, ensure appropriate medical records are available										
24	Obtain vital signs										
25	Provide pre-service education/obtain consent										
26	Prepare room, equipment, supplies										
27	Setup scope (non facility setting only)										
28	Prepare and position patient/ monitor patient/ set up IV										
29	Sedate/apply anesthesia										
30	Other Clinical Activity - specify:										
31	**Intra-service**										
32	Assist physician in performing procedure										
33	Assist physician/moderate sedation (% of physician time)										
34	**Post-Service**										
35	Monitor pt. following moderate sedation										
36	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)										
37	Clean room/equipment by physician staff										
38	Clean Scope										
39	Clean Surgical Instrument Package										
40	Complete diagnostic forms, lab & X-ray requisitions										
41	Review/read X-ray, lab, and pathology reports										
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
43	Other Clinical Activity - *specify:*										
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	
47	**End: Patient leaves office**										
48	**POST-SERVICE Period**										
49	**Start: Patient leaves office/facility**										
50	Conduct phone calls/call in prescriptions										
51	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
52	99211 16 minutes		16								
53	99212 27 minutes		27								
54	99213 36 minutes		36								
55	99214 53 minutes		53								
56	99215 63 minutes		63								
57	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
58	Other Clinical Activity - *specify:*										
59	**End: with last office visit before end of global period**										

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**00740**		**00740**		**00810**		**00810**	
3	**Meeting Date: January 2016 Tab: 25 Specialty: American Society of Anesthesiologists**	**CMS Code**	**Staff Type**	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to		Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenumintroduced	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**										
60	**MEDICAL SUPPLIES***	**CODE**	**UNIT**								
61	pack, minimum multi-specialty visit	SA048	pack								
62											
63											
64											
65											
66											
67	**EQUIPMENT**	**CODE**									
68											
69											
70											
71											
72											

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Biopsy of Skin Lesion

In the Final Rule for 2016, CMS re-ran screen for the 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. CPT codes 11100 *Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion* (work RVU=0.81) and11101 *Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)* (work RVU=0.41) were identified by this screen to be reviewed at the January 2016 RUC meeting.

Prior to the January 2016 RUC meeting, the specialty society notified the RUC that their survey data displayed a bimodal distribution of responses with more outliers than usual. The specialty explained that the code descriptions do not distinguish between different types of biopsies and thus they would like to bring the biopsy of skin lesion codes back to the CPT Editorial Panel in May 2016 for refinement of the codes. In addition, the Specialty noted that certain diagnoses or services require larger and deeper biopsies, such as pigmented lesions, squamous cell carcinomas, biopsies for drug allergies, GVHD or obtaining DNA samples for genetic studies. The Specialty noted their anticipation that CPT will create a new code set, differentiating by the depth of the skin lesion necessary. **The RUC recommends referring CPT codes 11100 and 11101 to the CPT Editorial Panel for expected Panel review during the May 2016 CPT meeting and subsequent RUC review at the October 2016 RUC meeting.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion	000	Referral to CPT May 2016

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11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)	ZZZ	Referral to CPT May 2016

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Peter Smith, MD
Chair, RVU Update Committee
American Medical Association
330 North Wabash Ave., Suite 39300
Chicago IL 60611-5885

Subject: Biopsy of Skin, CPT Codes 11100 and 11101

Date: December 7, 2015

Dear Dr. Smith,

This letter is to inform the RUC that the American Academy of Dermatology Association (AADA) has decided to bring the Biopsy of skin codes *11100 and 11101 back to CPT Editorial Panel,* at the May 2016 meeting, for further clarification and modification.

Early on in the survey process, it became apparent to the expert panel that there was a bimodal distribution of responses and more outliers than usual.

The existing code descriptions are generic and do not distinguish between the different types of biopsies types of biopsies. The process of obtaining tissue for pathologic examination involves different techniques requiring different work, time and effort.

Due to these reasons, we felt the best remedy was to take these codes back to CPT. We look forward resurveying and presenting the codes once CPT makes the appropriate distinctions.

Thank you for your consideration and guidance.

Sincerely,



Daniel M. Siegel, M.D.
AADA RUC advisor

American Academy of Dermatology Association
Excellence in Dermatology℠

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AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Injection of Tendon Sheath

In the Final Rule for 2016, CMS re-ran the screen for 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. CPT code 20550 was identified by this screen. This service was presented for review of physician work and practice expense at the January 2016 RUC meeting.

The RUC reviewed the survey responses from 266 surgeons and physicians and determined that the survey median work RVU of 0.75 appropriately accounts for the work required to perform CPT code 20550. In addition, the survey time and work RVU confirm the results from the RUC's 2002 survey and recommendation. The RUC recommends 11 minutes pre-service time, 5 minutes intra-service time, and 5 minutes immediate post-service time. The RUC agreed that pre-time package 6A (*Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect*) is appropriate. The RUC also agreed with the specialty recommendation to subtract 12 minutes from the package time of 23 minutes to account for overlap in time with an Evaluation and Management (E/M) service that is reported more than 50% of time with 20550. The RUC noted that the recommended total pre-time of 11 minutes is consistent with the current pre-time of 10 minutes from the previous survey.

The RUC also agreed that the work value of 0.75 for 20550 fits well between the key reference services. Key reference code 20526, *Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel* (work RVU=0.94 and 5 minutes intra-service time) is more intense than 20550 because of the increased risk/intensity/complexity when injecting near the median nerve. When compared with key reference code 20600, *Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance* (work RVU=0.66 and 5 minutes intra-service time), the RUC agreed that injecting into the tendon sheath (20550) is technically more difficult than injecting or aspirating from a joint (20600). The RUC agreed that the work RVUs for codes 20600 and 29526 correctly bracket the work RVU for 20550. For additional support, the RUC referenced MPC code 67820 *Correction of trichiasis; epilation, by forceps only* (work RVU=0.71 and 5 minutes intra-service time) and agreed that injection of a tendon sheath was more complex/intense than removing aberrant eyelashes. Finally, the RUC considered 13 RUC reviewed injection/aspiration codes with 5 minutes of intra-service time and agreed that the work RVU of 0.75 appropriate places code 20550 relative to similar procedures, taking into consideration difference in work intensity. **The RUC recommends a work RVU of 0.75 for CPT code 20550.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Practice Expense

The Practice Expense Subcommittee had an extensive discussion concerning the E/M visit that is billed on the same day. The Practice Expense Subcommittee reviewed and revised the clinical staff time inputs to ensure that any duplicative times with the E/M visit were removed. Additionally, he Practice Expense Subcommittee corrected the equipment minutes. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	000	0.75 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20550 Tracking Number n/a Original Specialty Recommended RVU: **0.75**
Presented Recommended RVU: **0.75**
Global Period: 000 RUC Recommended RVU: **0.75**

CPT Descriptor: Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey:
Patient 1: A 50-year-old female presents with stenosing tenosynovitis of the right index finger, which is treated with a steroid injection into its flexor tendon sheath.

Patient 2: A 46-year-old female diagnosed with plantar fasciitis, who has failed to respond to NSAIDs, modifications in shoe gear, and stretching exercises, presents with plantar fasciitis of the right foot, which is treated with a steroid injection into the plantar fascia.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review prior images as indicated. Explain procedure to patient and family, and discuss possible complications and obtain consent. Verify that all required instruments and supplies are available. Put on gloves and prepare syringes; one with local anesthetic and one with mixed anesthetic and steroid. Position patient and extremity on sterile barrier and confirm injection site. Prepare injection site and infiltrate local anesthetic.

Description of Intra-Service Work:
Patient 1: Locate proximal edge of the A-1 pulley of the right index finger. Place needle into the tendon sheath and confrim by having patient gently flex digit. Inject medication while slowly withdrawing the needle to confirm correct placement.
Patient 2: Palpate medial and lateral tubercles of the calcaneus and identify point of maximum tenderness. Localize medial and central bands of the plantar fascia. Utilize a medial approach and give injection superficial to the plantar fascia.

Description of Post-Service Work: Cleanse the injection area and apply a bandage. Monitor the patient for any potential complications from the injection. To ascertain whether the pharmaceuticals have been delivered to the appropriate location, put the injected area through passive range of motion and perform appropriate provocative testing. Instruct patient and/or caregiver on appropriate activities and home care, including bathing restrictions. Advise the patient regarding signs related to increased pain at the injection site , which may occur within 24 to 48 hours, and the appropriate treatment if pain occurs.

Counsel patient on the risk of infection. Document the procedure in the patient's medical record and send a copy to the primary care physician and insurance.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	William Creevy MD; John Heiner MD; Anne Miller MD; Tim Tillo DPM; Barry Smith MD		
Specialty(s):	AAOS, ASSH, APMA, AAPM&R, ACR(rheumatology)		
CPT Code:	20550		
Sample Size:	2111	**Resp N:** 266	**Response:** 12.6 %
Description of Sample:	A random selection from the membership database for all participating societies: American Academy of Orthopaedic Surgeons (AAOS), American Academy of Physical Medicine & Rehabilitation (AAPM&R), American College of Rheumatology (ACR), American Podiatric Medical Association (APMA), and American Society for Surgery of the Hand (ASSH)		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	20.00	**75.00**	200.00	1500.00
Survey RVW:	0.55	0.70	**0.75**	0.94	1.50
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**2.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	2.00	**5.00**	5.00	15.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	20550	**Recommended Physician Work RVU: 0.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**17.00**	**-12.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20526	000	0.94	**RUC Time**

CPT Descriptor Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20600	000	0.66	**RUC Time**

CPT Descriptor Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67820	000	0.71	**RUC Time**	276,177

CPT Descriptor 1 Correction of trichiasis; epilation, by forceps only

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12001	000	0.84	**RUC Time**	185193

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 85 **% of respondents:** 31.9 **%**

Number of respondents who choose 2nd Key Reference Code: 50 **% of respondents:** 18.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 20550	Top Key Reference CPT Code: 20526	2nd Key Reference CPT Code: **20600**
Median Pre-Service Time	11.00	6.00	11.00
Median Intra-Service Time	5.00	5.00	5.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**21.00**	**16.00**	**21.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.06	0.04
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.27	-0.18
Urgency of medical decision making	-0.05	-0.10
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.04	0.06
Physical effort required	0.04	0.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.24	-0.02
Outcome depends on the skill and judgment of physician	0.26	0.02
Estimated risk of malpractice suit with poor outcome	-0.19	0.22

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	-0.07	0.16

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and E/M services and services reviewed since CY 2010. In the rule, CMS noted that *the criteria for many misvalued code screens, including this one, are designed to prioritize codes that **may** be misvalued not to identify codes that **are** misvalued.* Further CMS believes that supporting evidence for the accuracy of current values for particular codes is best considered as part of the review of individual codes through the misvalued code process. Code 20550 was identified through this screen.

Survey Sample and Process

The survey request was sent to a random selection from the membership database for all participating societies. The American Academy of Orthopaedic Surgeons (AAOS), American Academy of Physical Medicine & Rehabilitation (AAPM&R), American College of Rheumatology (ACR), American Podiatric Medical Association (APMA), and American Society for Surgery of the Hand (ASSH) conducted a RUC survey using the two typical patient vignettes from the RUC database; one for upper extremity and one for lower extremity. As with the previous survey, respondents were allowed to choose their typical patient by checking one of the patients. They were instructed to respond to survey questions based on the typical patient they chose. For this survey, 129 of the respondents chose the upper extremity vignette and 137 chose the lower extremity vignette. As shown on the RUC Summary table, the median work RVU and median intra-time were identical for the two vignettes.

Pre-time Package 6A

We recommend pre-time package 6A (*Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect*), but have reduced the package evaluation time from 17 minutes to 5 minutes to account for overlap in time with an E/M service that is reported more than 50% of time with 20550. The

recommended total pre-time of 11 minutes is consistent with the current pre-time of 10 minutes from the previous survey.

Key Reference Codes

The value for 20550 fits well between the key reference services. KRS1 20526 is more intense than 20550 because of the increased risk/intensity/complexity when injecting near the median nerve. This is supported by the I/C measures, including the overall I/C measure (-0.07) that indicates 20550 is less complex/intense than 20926. Injecting into the tendon sheath (20550) is technically more difficult than injecting or aspirating from a joint (KRS2 20600). This is supported by the I/C measures, including the overall I/C measure (+0.16) that indicates 20550 is more complex/intense than 20600.

MPC Comparison

MPC	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
67820	Correction of trichiasis; epilation, by forceps only	**0.71**	0.100	**15**	8	**5**	2
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	**0.75**	0.083	**20**	11	**5**	5
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	**0.84**	0.059	**22**	7	**10***	5

*Intra-time includes time for drape/prep and inject local anesthetic, which should be included in pre-time category.

Other Comparison Codes

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	**0.66**	0.075	**21**	11	**5**	5
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	**0.68**	0.079	**21**	11	**5**	5
20612	Aspiration and/or injection of ganglion cyst(s) any location	**0.70**	0.073	**20**	10	**5**	5
65205	Removal of foreign body, external eye; conjunctival superficial	**0.71**	0.097	**15**	5	**5**	5
67820	Correction of trichiasis; epilation, by forceps only	**0.71**	0.100	**15**	8	**5**	2
20551	Injection(s); single tendon origin/insertion	**0.75**	0.083	**20**	10	**5**	5
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	**0.75**	0.083	**20**	11	**5**	5
64450	Injection, anesthetic agent; other peripheral nerve or branch	**0.75**	0.083	**20**	10	**5**	5
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	**0.75**	0.083	**20**	10	**5**	5
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	**0.79**	0.101	**21**	11	**5**	5
64405	Injection, anesthetic agent; greater occipital nerve	**0.94**	0.112	**22**	7	**5**	10
67515	Injection of medication or other substance into Tenon's capsule	**1.40**	0.208	**21**	11	**5**	5
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	**1.44**	0.226	**22**	12	**5**	5
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	**1.44**	0.213	**25**	15	**5**	5

Recommendation - 20550

We recommend maintaining the work RVU of 0.75 for 20550. The work to perform this procedure has not changed since this code was last reviewed (2002) and the survey data support this. This value maintains the RUC and specialty accepted intensity/complexity rank order and relativity for code 20550 with many other

injection codes and procedures requiring 5 minutes of intra-service time. This survey provides supporting evidence for the accuracy of the current value for 20550.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) Typically reported with an EM service.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. For Medicare patients, code 20550 is typically reported with an office EM service (99201-99205, 99211-99215)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20550

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Commonly

Specialty orthopaedic and hand surgery How often? Commonly

Specialty rheumatology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 803,728 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare utilization and specialty distribution is not expected to change. There is insufficient room below to identify all specialties who submit claims for this procedure. Please refer to the most current RUC database or CMS utilization file for Medicare specialty utilization data.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 20550

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	AS	AT	AU	AV	AW
3	**ISSUE: Injection of Tendon**																												
4	**TAB: 27**																												
5								**RVW**					**Total**	**PRE**	**PRE**			**INTRA**					**ST-FACIL**		**SURVEY EXPERIENCE**				
6	**SOURCE**	**CPT**	**DESC**	**N**	**Resp**	**%**	**IWPUT**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**Time**	**PKG**	**EVAL**	**POSIT**	**SDW**	**MIN**	**25th**	**MED**	**75th**	**MAX**	**P-SD**	**PKG**	**MIN**	**25th**	**MED**	**75th**	**MAX**
7	**REF1**	**20526**	Injection, therapeutic (eg, local ane	266	85	32%	**0.139**			**0.94**			16		6					5			5						
8	**REF2**	**20600**	Arthrocentesis, aspiration and/or in	266	50	19%	**0.075**			**0.66**			21	6	5	1	5			5			5						
9	CURRENT	**20550**	Injection(s); single tendon sheath,				**0.083**			**0.75**			20		10					5			5						
10	**SVY**	**20550**	Injection(s); single tendon sheath,	**2111**	**266**	**13%**	**0.044**	**0.55**	**0.70**	**0.75**	**0.94**	**1.50**	**32**		15	2	5	**1**	**2**	**5**	**5**	**15**	**5**		**1**	**20**	**75**	**200**	**1500**
11	**REC**	**20550**	Injection(s); single tendon sh				**0.093**			**0.75**			**21**	**6A**	**5**	**1**	**5**			**5**			**5**	**NA**					
12																													
13			upper extremity vignette		129			0.55	0.69	0.75	0.94	1.50			15	2	5	1	2	5	5	15	5		3	40	100	250	1200
14			lower extremity vignette		137			0.60	0.70	0.75	0.94	1.50			15	2	3	1	2	5	5	15	5		1	15	50	100	1500

Tab Number: 27

Issue: Injection of Tendon Sheath

Code(s): 20550

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	William Creevy, MD
Specialty Society:	American Academy of Orthopaedic Surgery
Date:	December 13, 2015

Tab Number: 27

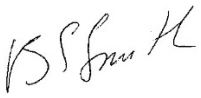
Issue: Injection of Tendon Sheath

Code(s): 20550

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Signature:	
Print Name:	Barry Smith, MD
Specialty Society:	American Academy of Physical Medicine & Rehabilitation
Date:	December 13, 2015

Tab Number: 27

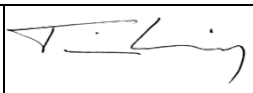
Issue: Injection of Tendon Sheath

Code(s): 20550

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Signature:	
Print Name:	Timothy Laing, MD
Specialty Society:	American College of Rheumatology
Date:	December 13, 2015

Tab Number: 27

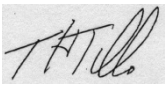
Issue: Injection of Tendon Sheath

Code(s): 20550

Attestation Statement

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Signature:	
Print Name:	Timothy Tillo, DPM
Specialty Society:	American Podiatric Medical Association
Date:	December 13, 2015

Tab Number: 27

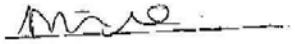
Issue: Injection of Tendon Sheath

Code(s): 20550

Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	Anne Miller, MD
Specialty Society:	American Society for Surgery of the Hand
Date:	December 13, 2015

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
20550 Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")

Global Period: 000 Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Advisors from the participating specialties reviewed the current PE details for 20550 and made adjustments as appropriate.

2. You must provide reference code(s) for comparison on your spreadsheet. Current inputs for 20550 are used as reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff: N/A

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
20550 Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")

Global Period: 000 Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The Advisors from the participating specialties reviewed the current PE details for 20550 and made adjustments as appropriate.

2. You must provide reference code(s) for comparison on your spreadsheet. Current inputs for 20550 are used as reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: This procedure will require additional time related to preparing the procedure supplies. This work and time is not included in the time included in an EM service and has been added:

Prepare room, equipment, supplies	The 2 minutes included with an EM service does not include setting up supplies for the injection which will include logging out medications and setting up syringes, needles, drapes, etc. Although the 2 minutes would be included in the E/M that is typically billed with this procedure, 3 minutes additional time is recommended for setting up the injection materials.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: We are requesting the addition of an exam table and light. We do not understand why these items were not included in the original submission as both would be typical in the procedure room.

5. Please describe in detail the clinical activities of your staff:

Pre-Service : no time recommended

ROW	SERVICE PERIOD ACTIVITY	REC	Activity Description
23	Provide pre-service education/obtain consent	3	After the patient has decided to have the injection, the clinical staff will explain in more detail what the procedure involves and answer any questions. Then consent will be obtained.

ROW	SERVICE PERIOD ACTIVITY	REC	Activity Description
24	Prepare room, equipment, supplies	**3**	The 2 minutes that is included with an EM service does not include setting up supplies for the injection which will include logging out medications and setting up syringes, needles, drapes, etc. Although the 2 minutes would be included in the E/M that is typically billed with this procedure, 3 minutes additional time is recommended for setting up the injection supplies.
30	Assist physician in performing procedure	**5**	Clinical staff will assist physician 100% of intra-service time. This is a sterile procedure and the assistant will remain with the physician throughout the procedure to assist as a circulator in the event additional supplies are needed or the patient has an untoward event.
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	**3**	The patient will be monitored after the injection for signs of a reaction to the medications and/or procedure. This time is separate from the physician's assessment of patient after the injection.
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**3**	Before the patient leaves the office, the clinical staff will provide written and verbal reinforcement of the physicians instructions on care of the injection site and activity restrictions.

Post-Service : no time recommended

	A	B	C	D	E	F	G
1				**REF CODE**		**Recommend**	
2	**REVISED 1-13-2016**			**20550 RUC 04/02**		**20550**	
3	**Meeting Date: January 2016 Tab: 27 Specialty: AAOS, ASSH, APMA, AAPM&R, ACR(rheumatology)**	**CMS Code**	**Staff Type**	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")		Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**29**	**5**	**17**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**0**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**26**	**0**	**17**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**3**	**5**	**0**	**0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L037D**	RN/LPN/MTA	**2**			
22	Obtain vital signs						
23	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA	**3**		**3**	
24	Prepare room, equipment, supplies	**L037D**	RN/LPN/MTA	**5**		**3**	
26	Prepare and position patient/ monitor patient/ set up IV	**L037D**	RN/LPN/MTA	**2**			
27	Sedate/apply anesthesia						
29	**Intra-service**						
30	Assist physician in performing procedure	**L037D**	RN/LPN/MTA	**5**		**5**	
32	**Post-Service**						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	**L037D**	RN/LPN/MTA	**3**			
35	Monitor pt. (no multitasking)					**3**	
36	Clean room/equipment by physician staff	**L037D**	RN/LPN/MTA	**3**		**0**	
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	RN/LPN/MTA	**3**		**3**	
46	**End: Patient leaves office**						
47	**POST-SERVICE Period**						
48	**Start: Patient leaves office/facility**						
49	Conduct phone calls/call in prescriptions	**L037D**	RN/LPN/MTA	**3**	**5**		
58	**End: with last office visit before end of global period**						
59	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
60	drape, sterile barrier 16in x 29in	SB007	item	**1**		**1**	
61	gloves, sterile	SB024	pair	**1**		**1**	
62	povidone soln (Betadine)	SJ041	ml	**10**		**10**	
63	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**		**1**	
64	syringe 10-12ml	SC051	item	**1**		**1**	
65	needle, 18-27g	SC029	item	**2**		**2**	
66	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**2**		**2**	
67	bandage, strip 0.75in x 3in (Bandaid)	SG021	item	**1**		**1**	
68	**EQUIPMENT**	**CODE**					
69	table, exam	EF023				**17**	
70	light, exam	EQ168				**17**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Injection of Trigger Points

In the Final Rule for 2016 CMS re-ran the screen for 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. CPT codes 20552-20553 were identified by this screen. These services were presented for review of physician work and practice expense at the January 2016 RUC meeting.

20552 ***Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)***

The RUC reviewed the survey responses from 64 physicians and determined that the survey 25th percentile work RVU of 0.66, which is also the current value, appropriately accounts for the work required to perform CPT code 20552. The RUC recommends 11 minutes pre-service time, 5 minutes intra-service time, and 5 minutes immediate post-service time. The RUC agreed that pre-time package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) is appropriate. The RUC also agreed with the specialties recommendation to subtract 12 minutes from the 23 minutes of pre-time in package 6A to account for overlap in time with an Evaluation and Management (E/M) service that is reported more than 50% of the times with 20552. Additionally, the RUC discussed the inclusion of 5 minutes of scrub, dress, and wait time. Although the procedure was previously designated as sterile, the previous survey was conducted prior to the creation of pre-service time packages, which standardized the physician work of procedures like this. Furthermore, the specialties indicated that practice has changed such that physicians have become more cognizant of the patient safety need to be cautious and ensure the fields remain completely sterile, which accounts for the appropriate inclusion of time for the sterile procedure.

The RUC noted that the work value of 0.66 for 20552 fits well between the key reference services. The RUC agreed that key reference codes 20600 *Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance* (work RVU=0.66 and 5 minutes intra-service time) and 20612 *Aspiration and/or injection of ganglion cyst(s) any location* (work RVU=0.70 and 5 minutes intra-service time), required the same intra-service time and comparable physician work. For additional support the RUC referenced MPC code 12001 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less* (work RVU=0.84 and 10 minutes intra-service time). Finally, the RUC considered 11 RUC reviewed injection/aspiration codes with 5 minutes of intra-service time and agreed that the work RVU of 0.66 appropriately places code 20552 relative to similar procedures, taking into consideration difference in work intensity. **The RUC recommends a work RVU of 0.66 for CPT code 20552.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

20553 ***Injection(s); single or multiple trigger point(s), 3 or more muscle(s)***

The RUC reviewed the survey responses from 62 physicians and determined that the current work RVU of 0.75 appropriately accounts for the work required to perform CPT code 20553. The RUC recommends 12 minutes pre-service time, 10 minutes intra-service time, and 5 minutes immediate post-service time. The RUC agreed that pre-time package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect) is appropriate. The RUC also agreed with the specialty recommendation to subtract 11 minutes from the package time of 23 minutes to account for overlap in time with an E/M service that is reported more than 50% of time with 20553. Additionally, the RUC discussed the inclusion of 5 minutes of scrub, dress, and wait time. Although the procedure was previously designated as sterile, the previous survey was conducted prior to the creation of pre-service time packages, which standardized the physician work of procedures like this. Furthermore, the specialties indicated that practice has changed such that physicians have become more cognizant of the patient safety need to be cautious and ensure the fields remain completely sterile, which accounts for the appropriate inclusion of time for the sterile procedure.

The RUC compared the surveyed code to similar services 20605 *Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance* (work RVU=0.68) and 20526 *Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel* (work RVU=0.94) and the RUC determined that these services required comparable physician work. For additional support the RUC referenced MPC code 12001 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less* (work RVU=0.84 and 10 minutes intra-service time). Finally, the RUC considered 11 RUC reviewed injection/aspiration codes with 10 minutes of intra-service time and agreed that the work RVU of 0.75 appropriately places code 20553 relative to similar procedures, taking into consideration difference in work intensity. **The RVU recommends a work RUC of 0.75 for CPT code 20553.**

Practice Expense

The Practice Expense Subcommittee had an extensive discussion concerning the E/M visit that is billed on the same day. The Practice Expense Subcommittee reviewed and revised the clinical staff time inputs to ensure that any duplicative times with the E/M visit were removed. Additionally, the supply list was reviewed and revised to reflect actual supplies utilized instead of using the basic injection pack. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	000	0.66 (No Change)
20553	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	000	0.75 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20552 Tracking Number Original Specialty Recommended RVU: **0.66**
Presented Recommended RVU: **0.66**
Global Period: 000 RUC Recommended RVU: **0.66**

CPT Descriptor: Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old female presents with a three-month history of pain in the low left back above the posterior iliac crest with radiation of pain into the left buttock. Muscle relaxants, NSAIDs, and physical therapy have been ineffective in relieving her pain. She undergoes injection of the trigger point in the multifidus muscle left of the L5 spinous process.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review records, communicate with other professionals, patient, and family; and obtain consent. The pre-operative work also includes dressing, scrubbing, and waiting before the procedure; preparing the patient and equipment for the procedure; positioning the patient in the sitting position; identifying and marking the trigger points; and prepping the skin with a betadine solution.

Description of Intra-Service Work: A time out is performed. The location of the trigger point in the multifidus muscle to the left of the L5 spinous process is reconfirmed. A needle is inserted through the skin into the muscle. The needle is advanced until the area of maximum tenderness is encountered and the patient's pain is reproduced or a muscle twitch is observed. If any complaints of paresthesia are encountered, the needle is withdrawn slightly until the complaints stop. After aspiration for blood and CSF is negative, the injectant solution is delivered into the trigger point. The Injection needle is removed, pressure is applied to the injection site if needed to stop bleeding and a bandage is applied.

Description of Post-Service Work: The patient is observed post-procedure for pain relief, any hemodynamic changes or new, unexpected neurologic deficits. The physician communicates findings with the patient and other professionals (including written and telephone reports and orders).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Barry Smith, MD;				
Specialty(s):	AAPM&R, ACRh, ASA				
CPT Code:	20552				
Sample Size:	1192	**Resp N:**	64	**Response:** 5.3 %	
Description of Sample:	A random selection from the membership database for all participating societies: American Academy of Physical Medicine and Rehabilitation, American Society of Anesthesiologists (ASA), and American College of Rheumatology (ACR)				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	8.00	**25.00**	53.00	400.00
Survey RVW:	0.35	0.66	**0.69**	0.75	1.48
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	5.00	**5.00**	10.00	20.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	20552	**Recommended Physician Work RVU: 0.66**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**17.00**	**-12.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20600	000	0.66	**RUC Time**

CPT Descriptor Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20612	000	0.70	**RUC Time**

CPT Descriptor Aspiration and/or injection of ganglion cyst(s) any location

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
29540	000	0.39	**RUC Time**	274,057

CPT Descriptor 1 Strapping; ankle and/or foot

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12001	000	0.84	**RUC Time**	180,318

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
20605	000	0.68	**RUC Time**

CPT Descriptor Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 18 **% of respondents:** 28.1 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 17.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 20552	Top Key Reference CPT Code: 20600	2nd Key Reference CPT Code: **20612**
Median Pre-Service Time	11.00	11.00	10.00
Median Intra-Service Time	5.00	5.00	5.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**21.00**	**21.00**	**20.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.33	0.55
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.17	0.45
Urgency of medical decision making	-0.22	-0.09
Technical Skill/Physical Effort (Mean)		
Technical skill required	-0.22	0.09

Physical effort required	0.11	0.09

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.44	-0.09
Outcome depends on the skill and judgment of physician	0.28	0.55
Estimated risk of malpractice suit with poor outcome	-0.44	-0.36

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**

Time Segment (Mean)

Overall intensity/complexity	-0.06	0.36

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and E/M services and services reviewed since CY 2010. In the rule, CMS noted that the criteria for many misvalued code screens, including this code, are designed to prioritize codes that **may** be misvalued not to identify codes that **are** misvalued. Further CMS believes that supporting evidence for the accuracy of current values for particular codes is best considered as part of the review of individual codes through the misvalued code process. Code 20552 was identified through this screen.

Survey Sample and Process

The survey request was sent to a random selection from the membership database for all participating societies. The American Academy of Physical Medicine & Rehabilitation (AAPM&R), American Society of Anesthesiologists (ASA), and American College of Rheumatology (ACR), conducted a RUC survey using the typical patient vignette from the RUC database.

Pre-time Package 6A

We recommend pre-time package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect), but have reduced the package evaluation time from 17 minutes to 5 minutes to account for overlap in time with an E/M service that is reported more than 50% of time with 20552. CPT code 20552 was last evaluated by the RUC before the development of the pre-times packages, the recommended total pre-time of 11 minutes is consistent with current 5 minutes of evaluation from the previous survey and the inclusion of the pre-time package times for positioning and scrub, dress, wait.

Key Reference Codes

The value for 20552 fits well at the same value of the top key reference services and below the second key reference service. It also fits well with other injection codes with similar IWPUTs, total time, and intra time.

MPC Comparison

MPC	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
29540	Strapping; ankle and/or foot	**0.39**	0.021	**18**	7	**9**	2
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	**0.66**	0.075	**21**	11	**5**	5
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	**0.84**	0.059	**22**	7	**10***	5

*Intra-time includes time for drape/prep and inject local anesthetic, which should be included in pre-time category.

Other Comparison Codes

CPT	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
11720	Debridement of nail(s) by any method(s); 1 to 5	**0.32**	0.024	**14**	7	**5**	2
29540	Strapping; ankle and/or foot	**0.39**	0.021	**18**	7	**9**	2
29280	Strapping; hand or finger	**0.39**	0.021	**18**	7	**9**	2
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	**0.66**	0.075	**21**	11	**5**	5
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	**0.66**	0.075	**21**	11	**5**	5
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	**0.68**	0.079	**21**	11	**5**	5
20612	Aspiration and/or injection of ganglion cyst(s) any location	**0.70**	0.073	**20**	10	**5**	5
20551	Injection(s); single tendon origin/insertion	**0.75**	0.083	**20**	10	**5**	5
64450	Injection, anesthetic agent; other peripheral nerve or branch	**0.75**	0.083	**20**	10	**5**	5
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	**0.79**	0.101	**21**	11	**5**	5
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunn	**0.94**	0.139	**16**	6	**5**	5

Recommendation

We recommend maintaining the work RVU of 0.66 for 20552. The work to perform this procedure has not changed since this code was last reviewed (2002) and the survey data support this. This value maintains the RUC and specialty accepted intensity/complexity rank order and relativity for code 20552 with many other injections codes requiring 5 minutes of intra-service time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20552

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Physical Medicine and Rehabilitation How often? Commonly

Specialty Anesthesiology How often? Commonly

Specialty Rheumatology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not avilable

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 335,235 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare utilization and specialty distribution is not expected to change.

Specialty Physical Medicine and Rehabilitation Frequency 60342 Percentage 17.99 %

Specialty Anesthesiology Frequency 31847 Percentage 9.49 %

Specialty Rheumatology Frequency 28160 Percentage 8.40 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 20552

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20553 Tracking Number Original Specialty Recommended RVU: **0.75**
Presented Recommended RVU: **0.75**
Global Period: 000 RUC Recommended RVU: **0.75**

CPT Descriptor: Injection(s); single or multiple trigger point(s), 3 or more muscles

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 40-year-old male presents with chronic left neck and upper right back pain resulting from cervical degenerative disk disease and myofascial pain syndrome. Patient has already completed a trial of physical therapy and NSAID therapy, but without relief of his pain. He undergoes injection of the trigger points in the left multifidus muscle, the left trapezius muscle, and the right levator scapular muscle.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review records, communicate with other professionals, patient, and family; and obtain consent. The pre-operative work also includes dressing, scrubbing, and waiting before the procedure; preparing the patient and equipment for the procedure; positioning the patient in the sitting position; identifying and marking the trigger points; and prepping the skin with a betadine solution.

Description of Intra-Service Work: A time out is performed. The locations of the trigger points in the three muscles are reconfirmed. A needle is inserted through the skin into the muscle and advanced until the area of maximum tenderness is identified and either the pain is reproduced or a muscle twitch is observed. The patient is observed for any complaints of paresthesias. If any complaints of paresthesia or unusual pain are encountered, the needle is withdrawn slightly until the complaints stop. The needle is aspirated prior to injection to observe for evidence of blood, air or CSF. If aspiration is negative, the injection solution is delivered into the trigger point and the needle is removed. The same procedure is repeated for each of the trigger points in the other muscles. The injection sites are observed for bleeding and bandages are applied over each injection site.

Description of Post-Service Work: The patient is observed post-procedure for pain relief, any hemodynamic changes or new, unexpected neurologic deficits. The physician communicates findings with the patient and other professionals (including written and telephone reports and orders).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Barry Smith, MD;				
Specialty(s):	AAPM&R, ACRh, ASA				
CPT Code:	20553				
Sample Size:	1192	**Resp N:**	62	**Response:** 5.2 %	
Description of Sample:	A random selection from the membership database for all participating societies: American Academy of Physical Medicine and Rehabilitation, American Society of Anesthesiologists (ASA), and American College of Rheumatology (ACR)				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**23.00**	50.00	600.00
Survey RVW:	0.35	0.70	**0.80**	1.00	1.65
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	6.00	**10.00**	15.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	20553	**Recommended Physician Work RVU: 0.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**17.00**	**-12.00**
Pre-Service Positioning Time:		**2.00**	**1.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20605	000	0.68	**RUC Time**

CPT Descriptor Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20526	000	0.94	**RUC Time**

CPT Descriptor Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
29540	000	0.39	**RUC Time**	274,057

CPT Descriptor 1 Strapping; ankle and/or foot

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12001	000	0.84	**RUC Time**	180,318

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less

Other Reference CPT Code	Global	Work RVU	Time Source
20612	000	0.70	**RUC Time**

CPT Descriptor Aspiration and/or injection of ganglion cyst(s) any location

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 24.1 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 19.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 20553	Top Key Reference CPT Code: 20605	2nd Key Reference CPT Code: **20526**
Median Pre-Service Time	12.00	11.00	6.00
Median Intra-Service Time	10.00	5.00	5.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**27.00**	**21.00**	**16.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.40	1.08
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.27	0.83
Urgency of medical decision making	0.07	0.08
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.27	0.25
Physical effort required	0.40	0.58

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.13	0.00
Outcome depends on the skill and judgment of physician	0.67	0.83
Estimated risk of malpractice suit with poor outcome	-0.20	0.08

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.27	0.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

In the Final Rule for 2016, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and E/M services and services reviewed since CY 2010. In the rule, CMS noted that the criteria for many misvalued code screens, including this code, are designed to prioritize codes that **may** be misvalued not to identify codes that **are** misvalued. Further, CMS believes that supporting evidence for the accuracy of current values for particular codes is best considered as part of the review of individual codes through the misvalued code process. Code 20553 was identified through this screen.

Survey Sample and Process

The survey request was sent to a random selection from the membership database for all participating societies. The American Academy of Physical Medicine & Rehabilitation (AAPM&R), American Society of Anesthesiologists (ASA), and American College of Rheumatology (ACR), conducted a RUC survey using the typical patient vignette from the RUC database.

Pre-time Package 6A

We recommend pre-time package 6A (Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect), but have reduced the package evaluation time from 17 minutes to 5 minutes to account for overlap in time with an E/M service that is reported more than 50% of time with 20553. CPT code 20553 was last evaluated by the RUC before the development of the pre-times packages. The recommended total pre-time of 12 minutes is consistent with current 7 minutes of evaluation from the previous survey and the inclusion of the pre-time package times for positioning and scrub, dress, wait. We are recommending an additional minute of positioning time because this procedure is for multiple trigger points of 3 or more muscles and requires repositioning of the patient to inject all of the sites to achieve the most effective clinical outcome.

Key Reference Codes

The value for 20553 fits well at the same value of the top key reference services and below the second key reference service. It also fits well with other injection codes with similar IWPUTs, total time, and intra time.

MPC Comparison

MPC	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
29540	Strapping; ankle and/or foot	**0.39**	0.021	**18**	7	**9**	2
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	**0.75**	0.044	**27**	12	**5**	5
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	**0.84**	0.059	**22**	7	**10***	5

*Intra-time includes time for drape/prep and inject local anesthetic, which should be included in pre-time category.

Other Comparison Codes

CPT	Descriptor	RVW	IWPUT	Time	PRE	INTRA	POST
11720	Debridement of nail(s) by any method(s); 1 to 5	**0.32**	0.024	**14**	7	**5**	2
29540	Strapping; ankle and/or foot	**0.39**	0.021	**18**	7	**9**	2
29280	Strapping; hand or finger	**0.39**	0.021	**18**	7	**9**	2
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	**0.66**	0.075	**21**	11	**5**	5
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	**0.68**	0.079	**21**	11	**5**	5
20612	Aspiration and/or injection of ganglion cyst(s) any location	**0.70**	0.073	**20**	10	**5**	5
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	**0.75**	0.044	**27**	12	**5**	5
20551	Injection(s); single tendon origin/insertion	**0.75**	0.083	**20**	10	**5**	5
64450	Injection, anesthetic agent; other peripheral nerve or branch	**0.75**	0.083	**20**	10	**5**	5
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	**0.75**	0.083	**20**	10	**5**	5
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	**0.79**	0.101	**21**	11	**5**	5
64405	Injection, anesthetic agent; greater occipital nerve	**0.94**	0.112	**22**	7	**5**	10
67515	Injection of medication or other substance into Tenon's capsule	**1.40**	0.208	**21**	11	**5**	5

Recommendation

We recommend maintaining the work RVU of 0.75 for 20553. The work to perform this procedure has not changed since this code was last reviewed (2002) and the survey data support this. This value maintains the RUC and specialty accepted intensity/complexity rank order and relativity for code 20553 with many other injections codes requiring 5 minutes of intra-service time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.

- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20553

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Physical Medicine and Rehabilitation How often? Commonly

Specialty Anesthesiology How often? Commonly

Specialty Rheumatology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization not avilable

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 237,045 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare utilization and specialty distribution is not expected to change.

Specialty Physical Medicine and Rehabilitation Frequency 59671 Percentage 25.17 %

Specialty Anesthesiology Frequency 29038 Percentage 12.24 %

Specialty Rheumatology Frequency 9718 Percentage 4.09 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 20553

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Trigger Point Injections

TAB: 28

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	20600	Arthrocentesis, aspiration and/or injection, sm		0.075			0.66			21	5	1	5			5			5
2nd REF	20612	Aspiration and/or injection of ganglion cyst(s)		0.073			0.70			20	10					5			5
CURRENT	20552	Injection(s); single or multiple trigger point(s),		0.092			0.66			14	5					5			4
SVY	20552	Injection(s); single or multiple trigger p	64	0.027	0/35	0.66	0.69	0.75	1.48	33	15	3	5			5			5
REC	20552	maintain current value		0.075			0.66			21	5	1	5			5			5

ISSUE: Trigger Point Injections

TAB: 28

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	20605	Arthrocentesis, aspiration and/or injection, inte		0.079			0.68			21	5	1	5			5			5
2nd REF	20526	Injection, therapeutic (eg, local anesthetic, co		0.139			0.94			16	6					5			5
CURRENT	20553	Injection(s); single or multiple trigger point(s),		0.048			0.75			22	7					10			5
SVY	20553	Injection(s); single or multiple trigger p	62	0.020	0.35	0.70	0.80	1.00	1.65	40	15	5	5	1	6	10	15	30	5
REC	20553	maintain current value		0.044			0.75			27	5	2	5			10			5

Tab Number: 28

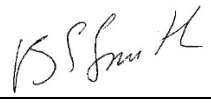
Issue: Trigger Point Injections

Code(s): 20552 & 20553

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	Barry Smith, MD
Specialty Society:	American Academy of Physical Medicine & Rehabilitation
Date:	December 15, 2015

Tab Number: 28

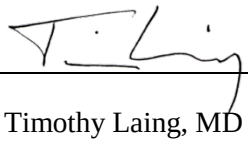
Issue: Trigger Point Injections

Code(s): 20552 & 20553

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Signature:	
Print Name:	Timothy Laing, MD
Specialty Society:	American College of Rheumatology
Date:	December 15, 2015

28
Tab Number

Injection of Trigger Points
Issue

20552, 20553
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

Richard Rosenquist, MD
Printed Signature

American Society of Anesthesiologists
Specialty Society

December 14, 2015
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)

Global Period: 000 Meeting Date: January 2016

1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The Advisors from the participating specialties reviewed the current PE details for 20552 and made adjustments as appropriate.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:** Current inputs for 20552 are used as reference.

3. **If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:** N/A

4. **If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:** N/A

5. **Please describe in detail the clinical activities of your staff:** N/A

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Injection(s); single or multiple trigger point(s), 3 or more muscles

Global Period: 000 Meeting Date: January 2016

1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The Advisors from the participating specialties reviewed the current PE details for 20553 and made adjustments as appropriate.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:** Current inputs for 20553 are used as reference.

3. **If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:** N/A

4. **If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:** N/A

5. **Please describe in detail the clinical activities of your staff:** N/A

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

CPT Code: 20552
Specialty Society('s) AAPM&R, ACR(rheumatology), ASA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)

Global Period: 000 Meeting Date: January 2016

1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The Advisors from the participating specialties reviewed the current PE details for 20552 and made adjustments as appropriate.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current inputs for 20552 are used as reference.

3. **If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:** This procedure will require additional time related to the preparing of the procedure supplies. This work and time is not included in the time included in an EM service and has been added for the following two service period activity categories:

Prepare room, equipment, supplies: The 2 minutes included with an EM service does not include setting up supplies for the injection which will include logging out medications and setting up syringes, needles, drapes, etc. Three minutes additional time is recommended for these activities.

4. **If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

- Non-sterile gloves: we are requesting a pair of non-sterile gloves for the assistant, the assistant may come in contact with blood and will dispose of contaminated supplies.
- Syringe 5-6ml: We are requesting 2 sterile syringes to account for the number of trigger point injections being performed. To contain the amount of medication that is injected into the site.
- Needle 18-27g: We are requesting 2 needles for the injectate, 1 for each syringe.
- Band-Aids: 2 band-aids are used to cover each of the injection sites to prevent infection and bleeding on the patient's clothes.

We are requesting the addition of an exam table and light. These are office equipment that is required to perform the procedure and are typical in procedure rooms.

5. **Please describe in detail the clinical activities of your staff:**

Pre-Service Period Clinical Labor Activities:

Service Period Clinical Labor Activities:

Pre-service

During the service period clinical staff, will prepare the room, equipment and supplies. The 2 minutes included with an E/M service does not include setting up supplies for the injection which will include logging out medications and setting up syringes, needles, drapes, etc. Three minutes additional time is recommended for these activities.

Intra-service
Clinical staff assists the physician for 100% of the intra-service time.

Post-service
Per the request of the AMA RUC PE Subcommittee, we have created a new line (line 35) for monitoring of the patient following service/check tubes, monitors, drains (not related to moderate sedation). Line 35 represents one-to-one clinical staff monitoring of the patient following the procedure and replaces the monitoring time typically represented on Line 34. We are requesting the standard 3 minutes of one-to-one monitoring. Clinical staff will monitor the patient following the injection for signs of a reaction to the medications and/or procedure.

Clinical staff will also check the injection site, provide written and verbal reinforcement of the physician's instructions on care of the injection site and activity restrictions. This time is not included in the performance of an EM service that is performed on the same day and we are requesting 3 minutes for this service.

Post-Service Period Clinical Labor Activities:

CPT Code: 20553
Specialty Society('s) AAPM&R, ACR(rheumatology), ASA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Injection(s); single or multiple trigger point(s), 3 or more muscles

Global Period: 000 Meeting Date: January 2016

1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The Advisors from the participating specialties reviewed the current PE details for 20553 and made adjustments as appropriate.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:** Current inputs for 20553 are used as reference.

3. **If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:** This procedure will require additional time related to the preparing and disposing of the procedure supplies. This work and time is not included in the time included in an E/M service and has been added for the following two service period activity categories:

Prepare room, equipment, supplies: The 2 minutes included with an E/M service does not include setting up supplies for the injection which will include logging out medications and setting up syringes, needles, drapes, etc. Three minutes additional time is recommended for these activities.

Prepare and position patient: Typically if you have to do 3 trigger points, there are typically more than 3 that must be released to achieve the most effective clinical outcome. This requires positioning and then repositioning of the patient to inject the correct sites.

Clean room/equipment by physician staff: The 2 minutes included with an EM service does not include setting up supplies for the injection which will include logging out medications and setting up syringes, needles, drapes, etc. Three minutes additional time is recommended for these activities.

4. **If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:** We are requesting the addition of an exam table and light. These are office equipment that is required to perform the procedure and are typical in procedure rooms. We are also requesting the basic injection pack and 1 5-6 ml syringe. All of the items included in the basic injection pack are required to perform the procedure in a sterile environment.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Period Clinical Labor Activities:

Service Period Clinical Labor Activities:

Pre-service

During the service period clinical staff, will prepare the room, equipment and supplies. The 2 minutes included with an E/M service does not include setting up supplies for the injection which will include logging out medications and setting up syringes, needles, drapes, etc. Three minutes additional time is recommended for these activities. Typically if you have to do 3 trigger points, there are typically more than 3 that must be released to achieve the most effective clinical outcome. This requires positioning and then repositioning of the patient to inject the correct sites.

Intra-service
Clinical staff assists the physician for 100% of the intra-service time.

Post-service
Clinical staff, will monitor the patient following the injection for signs of a reaction to the medications and/or procedure. Clinical staff also cleans the room and the equipment, the 3 minutes included with an EM service to dispose of table paper and gown and clean surfaces does not include disposal of hazardous waste from the injection procedure and logging medication used. Three minutes additional time is recommended for these activities. Finally, clinical staff will check the injection site, provide written and verbal reinforcement of the physician's instructions on care of the injection site and activity restrictions.

Post-Service Period Clinical Labor Activities:

CPT Code: 20553
Specialty Society('s) AAPM&R, ACR(rheumatology), ASA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Injection(s); single or multiple trigger point(s), 3 or more muscles

Global Period: 000 Meeting Date: January 2016

1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The Advisors from the participating specialties reviewed the current PE details for 20553 and made adjustments as appropriate.

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Prepare room, equipment, supplies: The 2 minutes included with an E/M service does not include setting up supplies for the injection which will include logging out medications and setting up syringes, needles, drapes, etc. Three minutes additional time is recommended for these activities.

Prepare and position patient: Typically if you have to do 3 trigger points, there are typically more than 3 that must be released to achieve the most effective clinical outcome. This requires positioning and then repositioning of the patient to inject the correct sites.

Clean room/equipment by physician staff: The 2 minutes included with an EM service does not include setting up supplies for the injection which will include logging out medications and setting up syringes, needles, drapes, etc. Three minutes additional time is recommended for these activities.

4. **If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

- Non-sterile gloves: we are requesting a pair of non-sterile gloves for the assistant, the assistant may come in contact with blood and will dispose of contaminated supplies.
- Syringe 5-6ml: We are requesting 3 sterile syringes to account for the number of trigger point injections being performed. To contain the amount of medication that is injected into the site.
- Needle 18-27g: We are requesting 3 needles for the injectate, 1 for each syringe.
- Band-Aids: 4 band-aids are used to cover each of the injection sites to prevent infection and bleeding on the patient's clothes.

We are requesting the addition of an exam table and light. These are office equipment that is required to perform the procedure and are typical in procedure rooms.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Period Clinical Labor Activities:

Service Period Clinical Labor Activities:

Pre-service
During the service period clinical staff, will prepare the room, equipment and supplies. The 2 minutes included with an E/M service does not include setting up supplies for the injection which will include logging out medications and setting up syringes, needles, drapes, etc. Three minutes additional time is recommended for these activities. Typically if you have to do 3 trigger points, there are typically more than 3 that must be released to achieve the most effective clinical outcome. This requires positioning and then repositioning of the patient to inject the correct sites.

Intra-service
Clinical staff assists the physician for 100% of the intra-service time.

Post-service
Per the request of the AMA RUC PE Subcommittee, we have created a new line (line 35) for monitoring of the patient following service/check tubes, monitors, drains (not related to moderate sedation). Line 35 represents one-to-one clinical staff monitoring of the patient following the procedure and replaces the monitoring time typically represented on Line 34. We are requesting the standard 3 minutes of one-to-one monitoring. Clinical staff will monitor the patient following the injection for signs of a reaction to the medications and/or procedure.

Clinical staff will also check the injection site, provide written and verbal reinforcement of the physician's instructions on care of the injection site and activity restrictions. This time is not included in the performance of an EM service that is performed on the same day and we are requesting 3 minutes for this service.

Post-Service Period Clinical Labor Activities:

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE				REFERENCE CODE	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**20552**		**20552**		**20553**	
3	**Meeting Date: January 13-16, 2016 Tab: 28 Specialty: AAPM&R, ACRh, ASA,**	**CMS Code**	**Staff Type**	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)		Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)		Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**								
6	**TOTAL CLINICAL LABOR TIME**			**29.0**	**5.0**	**17.0**	**0.0**	**34.0**	**5.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MT	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MT	**26.0**	**0.0**	**17.0**	**0.0**	**31.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MT	**3.0**	**5.0**	**0.0**	**0.0**	**3.0**	**5.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MT	**2**	**0**	**0**	**0**	**2**	**0**
22	Obtain vital signs	L037D	RN/LPN/MT	**0**	**0**	**0**	**0**	**0**	**0**
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MT	**3**	**0**	**3**	**0**	**3**	**0**
24	Prepare room, equipment, supplies	L037D	RN/LPN/MT	**5**	**0**	**2**	**0**	**5**	**0**
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MT	**2**	**0**	**1**	**0**	**2**	**0**
29	**Intra-service**								
30	Assist physician in performing procedure	L037D	RN/LPN/MT	**5**	**0**	**5**	**0**	**10**	**0**
32	**Post-Service**								
33	Monitor pt. following moderate sedation			**0**	**0**	**0**	**0**	**0**	**0**
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MT	**3**	**0**	**0**	**0**	**3**	**0**
35	Monitor pt. (no multi-tasking)	L037D	RN/LPN/MT	**0**	**0**	**3**	**0**	**0**	**0**
36	Clean room/equipment by physician staff	L037D	RN/LPN/MT	**3**	**0**	**0**	**0**	**3**	**0**
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MT	**3**	**0**	**3**	**0**	**3**	**0**
46	**End: Patient leaves office**								

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE				REFERENCE CODE	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**20552**		**20552**		**20553**	
3	**Meeting Date: January 13-16, 2016 Tab: 28 Specialty: AAPM&R, ACRh, ASA,**	**CMS Code**	**Staff Type**	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)		Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)		Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**								
47	**POST-SERVICE Period**								
48	**Start: Patient leaves office/facility**								
49	Conduct phone calls/call in prescriptions			**3**	**5**	**0**	**0**	**3**	**5**
58	**End: with last office visit before end of global period**								
59	**MEDICAL SUPPLIES***	**CODE**	**UNIT**						
60	pack, minimum multi-specialty visit	SA048	pack	**0**	**0**	**0**	**0**	**0**	**0**
61	drape, sterile barrier 16in x 29in	SB007	item	**1**	**0**	**1**	**0**	**1**	**0**
62	gloves, sterile	SB024	pair	**1**	**0**	**1**	**0**	**1**	**0**
63	gloves, non-sterile	SB022	pair	**0**	**0**	**1**	**0**	**0**	**0**
64	needle, 18-27g	SC029	item	**2**	**0**	**2**	**0**	**2**	**0**
65	syringe 5-6ml	SC057	item	**0**	**0**	**2**	**0**	**0**	**0**
66	syringe 10-12ml	SC051	item	**1**	**0**	**0**	**0**	**1**	**0**
67	bandage, strip 0.75in x 3in (Bandaid)	SG021	item	**1**	**0**	**2**	**0**	**1**	**0**
68	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**	**0**	**1**	**0**	**1**	**0**
69	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**2**	**0**	**2**	**0**	**2**	**0**
70	povidone soln (Betadine)	SJ041	ml	**10**	**0**	**10**	**0**	**10**	**0**
71									
72									
73									
74	**EQUIPMENT**	**CODE**							
75	**table, exam**	**EF023**		**0**	**0**	**17**	**0**	**0**	**0**
76	**light, exam**	**EQ168**		**0**	**0**	**17**	**0**	**0**	**0**
77									
78									
79									

	A	B	C	J	K
1					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**20553**	
3	**Meeting Date: January 13-16, 2016 Tab: 28 Specialty: AAPM&R, ACRh, ASA,**	**CMS Code**	**Staff Type**	Injection(s); single or multiple trigger point(s), 3 or more muscles	
4	**LOCATION**			**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				
6	**TOTAL CLINICAL LABOR TIME**			**23.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MT	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MT	**23.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MT	**0.0**	**0.0**
10	**PRE-SERVICE**				
11	**Start: Following visit when decision for surgery or procedure made**				
18	**End: When patient enters office/facility for surgery/procedure**				
19	**SERVICE PERIOD**				
20	**Start: When patient enters office/facility for surgery/procedure:**				
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MT	**0**	**0**
22	Obtain vital signs	L037D	RN/LPN/MT	**0**	**0**
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MT	**3**	**0**
24	Prepare room, equipment, supplies	L037D	RN/LPN/MT	**2**	**0**
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MT	**2**	**0**
29	**Intra-service**				
30	Assist physician in performing procedure	L037D	RN/LPN/MT	**10**	**0**
32	**Post-Service**				
33	Monitor pt. following moderate sedation			**0**	**0**
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)	L037D	RN/LPN/MT	**0**	**0**
35	Monitor pt. (no multi-tasking)	L037D	RN/LPN/MT	**3**	**0**
36	Clean room/equipment by physician staff	L037D	RN/LPN/MT	**0**	**0**
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MT	**3**	**0**
46	**End: Patient leaves office**				

	A	B	C	J	K
1					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**20553**	
3	**Meeting Date: January 13-16, 2016** **Tab: 28** **Specialty: AAPM&R, ACRh, ASA,**	**CMS Code**	**Staff Type**	Injection(s); single or multiple trigger point(s), 3 or more muscles	
4	**LOCATION**			**Non Fac**	**Facility**
5	**GLOBAL PERIOD**				
47	**POST-SERVICE Period**				
48	**Start: Patient leaves office/facility**				
49	Conduct phone calls/call in prescriptions			**0**	**0**
58	**End: with last office visit before end of global period**				
59	**MEDICAL SUPPLIES***	**CODE**	**UNIT**		
60	pack, minimum multi-specialty visit	SA048	pack	**0**	**0**
61	drape, sterile barrier 16in x 29in	SB007	item	**1**	**0**
62	gloves, sterile	SB024	pair	**1**	**0**
63	gloves, non-sterile	SB022	pair	**1**	**0**
64	needle, 18-27g	SC029	item	**3**	**0**
65	syringe 5-6ml	SC057	item	**3**	**0**
66	syringe 10-12ml	SC051	item	**0**	**0**
67	bandage, strip 0.75in x 3in (Bandaid)	SG021	item	**4**	**0**
68	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**	**0**
69	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**2**	**0**
70	povidone soln (Betadine)	SJ041	ml	**10**	**0**
71					
72					
73					
74	**EQUIPMENT**	**CODE**			
75	**table, exam**	**EF023**		**23**	**0**
76	**light, exam**	**EQ168**		**23**	**0**
77					
78					
79					

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Endotracheal Intubation

In the Final Rule for 2016 CMS re-ran the screen for 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. CPT code 31500 *Intubation, endotracheal, emergency procedure* (work RVU=2.33) was identified by this screen. This service was presented for review of physician work and practice expense at the January 2016 RUC meeting.

Compelling Evidence
The specialty societies presented compelling evidence to suggest that the current work RVU is undervalued, as there were incorrect assumptions made in the previous valuation of the service based on a misleading vignette. Specifically, the previous vignette was not based on the typical patient being emergent, even though emergency physicians are the dominant provider of this service. The appropriate vignette has allowed for an accurate survey assessment and a more proper valuation reflecting proper time and intensity. The RUC agreed with the compelling evidence for this procedure.

The RUC reviewed the survey responses from 150 emergency physicians and anesthesiologists and determined that the survey 25th percentile work RVU of 3.00 appropriately accounts for the work required to perform CPT code 31500. The RUC recommends 12 minutes pre-service time, 10 minutes intra-service time, and 10 minutes immediate post-service time. The RUC noted that given the unique, emergent nature of this procedure, there are few direct work RVU and physician time-based comparisons within the RBRVS. However, this does not mean the work RVU of 3.00 is not appropriate. First, this service is one of the most immediate, intense services physicians can perform. Second, the survey median intra-service time is 10 minutes, representing a doubling of the current time. Thus, 3.00 work RVUs is a reasonable increase over the current work RVU of 2.33, given both the prior survey deficiencies and the increase in time. It is also important to note that even with the increase in time, this service appropriately remains one of the foremost intense procedure in the RBRVS (RUC recommended IWPUT = 0.252). The RUC compared the surveyed code to similar services 92950 *Cardiopulmonary resuscitation (eg, in cardiac arrest)* (work RVU=4.00) and noted that while the physician time for 92950 is quite a bit longer than for the surveyed code, the physician work is comparable. However, the work of code 31500 is quite a bit more intense as the time is immediately intense, without ramp up or down time, which is the case with 92950. Therefore, the recommended value of 3.00 appropriately places the surveyed code below this reference code. 52332 *Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)* (work RVU=2.82) For additional support the RUC referenced code 52332

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type) (work RVU=2.82), MPC code 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU=2.82) and 62267 *Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes* (work RVU=3.00). The RUC again agreed that while the times for these reference codes are not identical to the surveyed code, the physician work is similar and, due to the unique, intense nature of code 31500, the recommended value is appropriate. **The RUC recommends a work RVU of 3.00 for CPT code 31500.**

CPT Assistant
The RUC also discussed the unique patient population treated with CPT code 31500. The specialty described that typically the same physician will report this on the same day as a critical care code (>50% of the time) but that this will not impact critical care code reporting. The specialty explained that underlying medical issues which caused the need for a patient to receive the intubation of CPT code 31500 and communication with family around the care of these issues is categorized within critical care time but time spent on this intubation would not count toward the critical care time. Given that you need at least 30 minutes for proper coding of critical care for patients, the RUC recommends that the specialty societies develop a CPT Assistant article to clarify when to report this service. The article will help ensure providers understand the times for these two services do not overlap.

Practice Expense
There are no direct practice expense inputs for this service because it is an emergent service that is only performed in the facility setting and does not have any clinical staff pre-service time because the dominant specialty is emergency medicine.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
31500	Intubation, endotracheal, emergency procedure	000	3.00

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:31500 Tracking Number Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **3.00**
Global Period: 000 RUC Recommended RVU: **3.00**

CPT Descriptor: Intubation, endotracheal, emergency procedure

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67 year old male with pneumonia and respiratory failure requires emergency endotracheal intubation.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 90%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 38%

Description of Pre-Service Work: Evaluate patient's clinical condition and hemodynamics, and assess airway anatomy. Determine equipment needed for tracheal intubation and bring to patient's bedside. Review patient's directive regarding such intervention—if previously determined. Select and prepare drugs to facilitate manipulation of the airway. Select oxygen delivery system, resuscitation bag and mask, and suction device and check for proper functioning. Explain the anticipated procedure to the patient and/or family. Inform patient of benefits and possible complications and risks of procedure to the degree possible in view of the emergent nature of the situation. Position patient in the sniffing position.

Description of Intra-Service Work: Administer oxygen via resuscitation bag and mask. Apply cricoid pressure. Following confirmation of a clear airway, administer drugs for patient sedation and muscle relaxation. Insert laryngoscope into the airway and identify the vocal cords. Insert the appropriate size endotracheal tube (ET) into the trachea, inflate the cuff, and confirm proper position by clinical examination and capnography.

Description of Post-Service Work: Confirm the position of the ET tube by clinical examination and chest X ray. Provide mechanical ventilatory support as appropriate to ensure both oxygenation and ventilation based on clinical status. Observe the patient until certain that ven-tilation is adequate. Confirm that the ET tube remains in proper position after resuscitation or patient transferred to gurney or bed. Write a procedure note in the patient's chart and an order for a chest X ray. Review the chest X ray for proper ET tube placement and make adjustments as necessary. Discuss procedure and outcome with family members who may be available on site.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Ethan Booker, MD; Marc Leib, MD; Richard Rosenquist, MD				
Specialty(s):	American College of Emergency Physicians, American College of Anesthesiologists,				
CPT Code:	31500				
Sample Size:	2886	**Resp N:**	150	**Response:** 5.1 %	
Description of Sample:	Random Sample				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**15.00**	30.00	500.00
Survey RVW:	0.00	3.00	**4.00**	4.45	12.50
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	1.00	5.00	**10.00**	10.00	120.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	31500	**Recommended Physician Work RVU: 3.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**40.00**	**-30.00**
Pre-Service Positioning Time:		**1.00**	**3.00**	**-2.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**20.00**	**-19.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92950	000	4.00	**RUC Time**

CPT Descriptor Cardiopulmonary resuscitation (eg, in cardiac arrest)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64447	000	1.50	**RUC Time**

CPT Descriptor Injection, anesthetic agent; femoral nerve, single

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52332	000	2.82	**RUC Time**	142,850

CPT Descriptor 1 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,625

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

Other Reference CPT Code	Global	Work RVU	Time Source
62267	000	3.00	**RUC Time**

CPT Descriptor Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 121 **% of respondents:** 80.6 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 4.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 31500	Top Key Reference CPT Code: 92950	2nd Key Reference CPT Code: **64447**
Median Pre-Service Time	12.00	2.00	19.00
Median Intra-Service Time	10.00	45.00	15.00
Median Immediate Post-service Time	10.00	20.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**32.00**	**67.00**	**44.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.26	1.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.30	0.17
Urgency of medical decision making	0.38	2.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.02	1.17
Physical effort required	0.38	0.67

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.78	1.50
Outcome depends on the skill and judgment of physician	1.04	1.33
Estimated risk of malpractice suit with poor outcome	1.27	1.67

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.64	1.67

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

ADDITIONAL RATIONALE

We are presenting survey data for code 31500, emergency endotracheal intubation. This code was identified along with 117 others from a CMS screen for codes with Medicare allowed charges of $10 million or more, excluding 010- and 090-day global services, anesthesia, E&M services and services reviewed since CY 2010. Code 31500 was last reviewed by the RUC in 2005.

This service was reported 286,430 times in 2014 according to the 2016 RUC database with emergency medicine being the dominant specialty at 45.94% and anesthesiology second at 15.27%. The procedure is done in the inpatient hospital setting 53.29 percent of the time and 45.45 percent in the ED, totaling almost 99% for these two settings.

This survey resulted in a robust response rate of over 5%, with 150 responses from the 2886 surveys sent at random to providers. The work value recommendations for this survey are higher than the current work RVU of 2.33, which has times of 4/5/10 and an IWPUT of 0.4061. The median work RVU of this survey is 4.00 with times of 18/10/15 and an IWPUT of 0.330.
We are recommending the 25th percentile of 3.00 work RVU with times of 12/10/10 and an IWPUT of 0.252.
We believe that there is compelling evidence to consider a higher work RVU value, including:

1. **Incorrect assumptions of previous valuation based on misleading vignette**. We were able to modify the vignette in this survey to more accurately reflect the emergency department as the site of service and emergency physicians as the dominant provider. The previous vignette described a patient presenting for an elective lithotripsy and developing a complication requiring intubation. This vignette suggested a much more controlled circumstance, which is a surgical patient, with pre-op evaluation and NPO, and anesthesia as the primary provider. The vignette as modified in our survey more accurately depicts an unprepared patient presenting emergently and survey responses reflect this.

2. **Change in Patient population -**

    a. **More difficult intubations in the ED than previously** – Over the past ten years there has been an increase in the number of EMS intubations in the field. This has resulted in the straight forward cases of intubation being completed prior to arrival in the emergency department. However, it also means that failed intubation attempts by EMS personnel create more difficult conditions on arrival in the

emergency department as the airway after prior failed attempts will be edematous, and/or bloody. Literature suggests that in cases with 2 or more previous failed attempts, the risks that the physician cannot intubate, cannot ventilate and will have other complications increase significantly.

b. **Sicker patients being intubated** - Intubation and tracheal tube ventilation are measures of last resort in patients with respiratory difficulty as non-invasive positive pressure ventilation (NIPPV) and high quality medical management of COPD and CHF can often permit management without intubation. Therefore, only the sickest patients with CHF and COPD are intubated in the ED or ICU. Those intubations are harder related to rapid hypercarbia and hypoxemia and more fragile hemodynamics in response to sedation and paralysis as opposed to airway anatomy related issues.

c. **Obesity in intubated patients** - BMI greater than or equal to 35 kg/m2 increases the risk of difficult intubation and the ASA closed claim database shows that 35% of patients with airway related complications were obese. The unprepared, emergent intubation of an obese patient is a very high-risk procedure. These patients have difficult airways and they also become hypoxic very rapidly.

Despite an increase in the number of patients in the Medicare database and severity of illness generally, the claims for 31500 have been the same or decreased slightly for several years, supporting the claim that a smaller percentage of critically ill patients require intubation.

Other Rationale:

The top key reference service 92950 *Cardiopulmonary resuscitation (eg, in cardiac arrest)* was chosen by 80.6% of the respondents. The second key reference code 64447 *Injection, anesthetic agent; femoral nerve, single* was chosen by only 6 respondents, or 4.0%. The third key reference code 62267 *Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes* had one less respondent at 5.

The intensity/complexity ratings of 31500 were slightly higher than that of code 92950 with the exceptions of **the technical skilled required** with a 1.02 rating, **outcome depends on the skill and judgment of physician** at 1.04, and **estimated risk of malpractice suit with poor outcome** at 1.27, all of which are between somewhat more and much more intense or complex than 92950. The intensity/complexity ratings of 31500 were higher than 64447.

The intra-service work of this procedure is of very high intensity. The typical patient is critically ill and then is given sedation with resulting risk of hypotension and paralyzed such that if an airway is not established and the patient cannot be supported with bagging, the best outcome is emergent crichothrotomy. If these events occur in these critically ill patients, anoxic brain injury and death are possible. While complications in the elective intubation, such as during surgical anesthesia, are relatively rare, cited in literature as approximately 1 complication per 2000 attempts, the emergency intubation in the ED, ICU or pre-hospital setting has a complication rate of approximately 1 in 100, or 20 times more often. The circumstance of “cannot intubate, cannot ventilate” occurs in approximately 1 in 5000 elective intubations but as frequently as 1 in 500 emergent intubations.

We believe the longer pre-service time in our surveys reflects the experience of providers in preparing for this procedure in response to EMS notification. This includes gathering equipment that is routinely available now that was not routinely in use in 2005, such as new rescue airways and video laryngoscopes. Also, changes in practice have led to longer pre-oxygenation periods including the use of non-invasive positive pressure ventilation to temporize and optimize patients for intubation.

As is reflected in our survey with a change in vignette, an emergency physician typically receives patients from home or possible skilled nursing facility by ambulance, with limited available information, no prior physician care, a greater likelihood of a full stomach, clothed, bloody, or in other ways ill prepared for a high risk medical procedure. This unprepared patient requires rapid but productive pre-service work and leads to a high intensity intra-service period.

Literature review suggests that failure to intubate and other complications of emergent intubation are most strongly correlated failure to prepare, including poor assessment of the airway and aspiration risk, lack of an orderly response to failure, that is lack of adjuncts or rescue techniques, and failure to communicate with the team responsible for patient care. All of these activities fall into the pre-service time and provider understanding of the need to prepare the patient, equipment, adjunct medications, and care team justify an increase in the pre-service time. While some airways are indeed “crash intubations” with limited preparations, the typical emergent patient requires expeditious but orderly pre-service planning and work.

The survey data indicates that moderate sedation is inherent in this procedure. While 89.6% of our respondents indicated that moderate sedation was typical for this procedure, we maintain that it is not inherent to the procedure. Instead, deep sedation and induced paralysis is inherent in these procedures, not moderate sedation. Survey respondents may have confused the two.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) The service is on the Modifier 51 exempt list as it is typically provided adjunctive to another service or procedure.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 31500

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Emergency Medicine How often? Commonly

Specialty Anesthesiology How often? Commonly

Specialty Pulmonary How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 859290
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. National frequency is estimated at 3 times Medicare frequency.

Specialty Emergency Medicine Frequency 394758 Percentage 45.94 %

Specialty Anesthesiology Frequency 131214 Percentage 15.27 %

Specialty Pulmonary Frequency 114114 Percentage 13.28 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 286,430 If this is a recommendation from multiple specialties please estimate frequency <u>and percentage</u> for each specialty. Please explain the rationale for this estimate.

Specialty Emergency Medicine Frequency 131586 Percentage 45.94 %

Specialty Anesthesiology Frequency 43738 Percentage 15.27 %

Specialty Pulmonary Frequency 38040 Percentage 13.28 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 31500

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: **Intubation**

TAB: **29**

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	92950	Cardiopulmonary resuscitation (eg	121	0.078			4.00			67	1	1	0			45			20																			
2nd REF	64447	Injection, anesthetic agent; femo	6	0.061			1.50			44	13	1	5			15			10																			
CURRENT	31500	Intubation, endotracheal, emergency p		0.406			2.33			19	2	1	1			5			10																			
SVY	31500	Intubation, endotracheal, emerg	150	0.330	0.00	3.00	4.00	4.45	12.50	43	10	5	3	1	5	10	10	120	15																			
REC	31500	Intubation, endotracheal, emerg	150	0.252			3.00			32	10	1	1			10			10																			

29
Tab Number

Endotracheal Intubation
Issue

31500
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

Marc Leib, MD, JD
Printed Signature

American Society of Anesthesiologists
Specialty Society

December 14, 2015
Date

29
Tab Number

Endotracheal Intubation
Issue

31500
Code Range

Attestation Statement

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Signature

Ethan A. Booker, MD

Printed Signature

ACEP

Specialty Society

12/14/2015

Date

29
Tab Number

Endotracheal Intubation
Issue

31500
Code Range

Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

Richard Rosenquist, MD
Printed Signature

American Society of Anesthesiologists
Specialty Society

December 14, 2015
Date

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Insertion of Arterial Catheter

In the Final Rule for 2016 CMS re-ran the 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. CPT code 36620 *Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous* (work RVU=1.15) was identified by this screen and was to be presented at the January 2016 RUC meeting.

Prior to the January 2016 RUC meeting, the specialty societies notified the RUC that CPT code 36556 *Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older* (work RVU=2.50) was to be reviewed by the RUC at the October 2016 meeting. The specialty requested that codes 93503 *Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes* (work RVU=2.91) and 36620 be postponed to the October 2016 meeting so that they could survey all three codes together. **The RUC recommends deferring CPT codes 36556, 93503, and 36620 to the October 2016 RUC meeting.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	000	Survey with Related Codes and Refer to RUC Oct 2016
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	000	Survey with Related Codes and Refer to RUC Oct 2016
93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	000	Survey with Related Codes and Refer to RUC Oct 2016

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November 11, 2015

Peter Smith, MD
Chair, AMA RVS Update Committee
American Medical Association
515 North State Street
Chicago, IL 60610

RE: Reviewing Code 36620 for October 2015 RUC Meeting

Dear Dr. Smith:

In reviewing the CMS Requests and Relativity Assessment status report, ASA noted that code **36556** *Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older* was to be reviewed by the RUC at the October 2016 meeting. We requested in an email to AMA RUC staff that codes **93503** *Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes* and **36620** *Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous* be postponed to the October 2016 meeting as our RUC advisors, Drs. Leib and Rosenquist felt we would receive a stronger and more coherent survey response by surveying these three codes together. AMA RUC staff indicated that it would not be an issue.

As such, ASA will survey these three codes for the October 2016 RUC meeting.

Sincerely,

Marc Leib, MD
RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Bone Marrow Aspiration and Biopsy

In the NPRM for 2016, CMS re-ran the screen for 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. CPT code 38221 was one of the services identified in this screen.

Prior to the January 2016 RUC meeting, the specialty societies notified the RUC of their plan to submit a code change application to the CPT Editorial Panel to revise these services. The societies indicated their plan to improve nomenclature for these codes (ie diagnostic vs therapeutic use) and to create a CPT code to replace G code G0364. **The RUC recommends referring CPT codes 38221, 38220 and G0364 to the CPT Editorial Panel.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
38221	Bone marrow; biopsy, needle or trocar	XXX	Refer to CPT Feb 2016, RUC April 2016
38220 (f)	Bone marrow; aspiration only	XXX	Refer to CPT Feb 2016, RUC April 2016
G0364 (f)	Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service	ZZZ	Refer to CPT Feb 2016, RUC April 2016

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American Society of Clinical Oncology

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October 21, 2015

Dr. Peter Smith
RUC Chair
American Medical Association
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Dear Dr. Smith,

ASCO and other interested specialty societies (ASH and ASBMT) requested that 38221, along with CPT code 38220 and G0364 be sent to CPT for creation of a bundled code and editorial. The Code Change Application will be submitted for the February 2016 CPT meeting and if passed surveyed for the April 2016 RUC meeting.

CPT 38221 *Bone marrow; biopsy, needle or trocar* was identified by CMS as a high volume service in the 2016 NPRM. As the societies reviewed the family of codes for a potential survey, we identified nomenclature clarifications (diagnostic vs therapeutic uses) and a G0364 *Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service code* that would be helpful to move to a CPT category I code prior to survey. Additionally, the RUC database did not list vignettes or physician work for these services.

If you have any questions, please contact Allison Hirschorn (ASCO staff) at (571) 483-1653.

Sincerely,



David H. Regan, MD
American Society of Clinical Oncology
RUC Advisor

CC: Sherry Smith

2318 Mill Road, Suite 800
Alexandria, VA 22314
T: 571-483-1300
F: 571-366-9530
www.asco.org

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Bladder Catheter

In the Final Rule for 2016 CMS re-ran the 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. CPT codes 51700 and 51702 were identified via this screen and CPT codes 51701 and 51703 were added as part of this family of services.

51700 ***Bladder irrigation, simple, lavage and/or instillation***
The RUC reviewed the survey responses from 99 urologists and determined that the survey 25th percentile work RVU of 0.60 appropriately accounts for the work required to perform this service. The RUC recommends the surveyed physician time of 15 minutes pre-service time, 5 minutes intra-service time and 5 minutes immediate post-service time. The RUC compared the surveyed code to key reference service 51705 *Change of cystostomy tube; simple* (work RVU = 0.90 and 10 minutes intra-service time) and noted that 51700 requires half the amount of intra-service time and the survey respondents indicated less intense on all of the psychological stress intensity measures, thus is appropriately valued lower. The RUC compared CPT code 51700 to 000-day global MPC code 67028 *Correction of trichiasis; epilation, by forceps only* (work RVU = 0.71 and 5 minutes intra-service time) and determined that the intra-service work is the same, thus valued similarly. For additional support, the RUC referenced similar 000-day global service 20550 *Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")* (work RVU = 0.75 and 5 minutes of intra-service time). **The RUC recommends a work RVU of 0.60 for CPT code 51700.**

51701 ***Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)***
The RUC noted that CPT codes 51701, 51702 and 51703 were last valued as a direct crosswalk for physician work and time and the values and times were not based on a survey. These codes were flagged as not to be used to validate physician work. Therefore, the current work and time does not have any specific validity to use in comparison to the new survey data.

The RUC reviewed the survey responses from 108 urologists and determined that the survey 25th percentile work RVU of 0.50, and current work RVU, appropriately accounts for the work required to perform this service. The RUC recommends the surveyed physician time of 14 minutes pre-service time, 5 minutes intra-service time and 5 minutes immediate post-service time. The RUC noted that 51701 is typically reported with an Evaluation and Management service. The specialty society indicated and the RUC agreed that the pre-service time of 14 minutes does not overlap with an E/M service. The physician is choosing the catheter and deciding whether to give prophylactic antibiotics dependent on patient history whether there is an order for culture or cytology. The RUC compared the surveyed code to key reference service 51705 *Change of cystostomy*

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tube; simple (work RVU = 0.90 and 10 minutes intra-service time) noting that 51701 requires half the amount of intra-service time and the survey respondents indicated is overall less intense and complex on all of the psychological stress intensity measures, thus is appropriately valued lower. The RUC compared CPT code 51701 to MPC code 20552 *Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)* (work RVU = 0.66 and 5 minutes of intra-service time) and similar service 46600 *Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)* (work RVU = 0.55 and 5 minutes intra-service time), both of which support the survey 25th percentile work RVU of 0.50. **The RUC recommends a work RVU of 0.50 for CPT code 51701.**

51702 ***Insertion of temporary indwelling bladder catheter; simple (eg, Foley)***
The RUC noted that CPT codes 51701, 51702 and 51703 were last valued as a direct crosswalk for physician work and time and the values and times were not based on a survey. These codes were flagged as not to be used to validate physician work. Therefore, the current work and time does not have any specific validity to use in comparison to the new survey data.

The RUC reviewed the survey responses from 115 urologists and determined that the current work RVU of 0.50 appropriately accounts for the work required to perform this service. The RUC determined that the physician work for the insertion of indwelling bladder catheter (CPT code 51702) and insertion of the non-dwelling catheter (CPT code 51701) is the same. The RUC recommends the surveyed physician time of 15 minutes pre-service time, 5 minutes intra-service time and 5 minutes immediate post-service time. The RUC compared the surveyed code to key reference service 51705 *Change of cystostomy tube; simple* (work RVU = 0.90 and 10 minutes intra-service time) noting that 51702 requires half the amount of intra-service time, thus is appropriately valued lower. The RUC compared CPT code 51702 to MPC code 20552 *Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)* (work RVU = 0.66 and 5 minutes of intra-service time) and similar service 46600 *Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)* (work RVU = 0.55 and 5 minutes intra-service time), both of which support a work RVU of 0.50. **The RUC recommends a work RVU of 0.50 for CPT code 51702.**

51703 ***Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)***
The RUC noted that CPT codes 51701, 51702 and 51703 were last valued as a direct crosswalk for physician work and time and the values and times were not based on a survey. These codes were flagged as not to be used to validate physician work. Therefore, the current work and time does not have any specific validity to use in comparison to the new survey data.

The RUC reviewed the survey responses from 112 urologists and determined that the current work RVU of 1.47 appropriately accounts for the work required to perform this service. The survey 25th percentile of 1.50 work RVUs supports maintaining the current work RVU. The RUC recommends the surveyed physician time of 20 minutes pre-service time, 15 minutes intra-service time and 10 minutes immediate post-service time. The RUC noted that the work required to perform this complicated insertion of catheter is appropriate relative to the simple insertion of a catheter. This service requires the physician to perform multiple attempts at catheter placement, often times there is a broken catheter that can not be removed, the patient is awake and uncomfortable with urine retention for some time. The RUC noted the pre-service evaluation time for this service is 5 minutes longer than for 51702 because the physician must take time to assess what was performed in the previous initial failed

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attempts to catheter. Additionally, 5 more minutes of immediate post-service time are required for this service versus 51702 in order to manage the patient's medication and determine how long the catheter should remain in place. The RUC compared the surveyed code to the second top key reference service 53855 *Insertion of a temporary prostatic urethral stent, including urethral measurement* (work RVU = 1.64 and 15 minutes intra-service time) noting that these services require the same intra-service time and similar intensity and complexity to perform. The RUC compared CPT code 51703 to MPC codes 12004 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm* (work RVU = 1.44 and 17 minutes of intra-service time) and 57452 *Colposcopy of the cervix including upper/adjacent vagina;* (work RVU = 1.50 and 15 minutes intra-service time) and similar service 15271 *Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area* (work RVU = 1.50 and 15 minutes intra-service time) all of which support a work RVU of 1.47. **The RUC recommends a work RVU of 1.47 for CPT code 51703.**

Practice Expense
The Practice Expense Subcommittee eliminated any duplication in the pre-service time associated with other services reported with these services, added the standard catheter insertion kit, removed any supplies included in that kit and corrected the equipment minutes. The Subcommittee noted that the monitoring time following the procedure for these services is not a 1:4 ratio as with other monitoring time, rather it is a 1:1 ratio. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
51700	Bladder irrigation, simple, lavage and/or instillation	000	0.60
51701 (f)	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	000	0.50 (No Change)
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	000	0.50 (No Change)

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51703 (f)	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	000	1.47 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:51700 Tracking Number

Original Specialty Recommended RVU: **0.88**
Presented Recommended RVU: **0.60**
RUC Recommended RVU: **0.60**

Global Period: 000

CPT Descriptor: Bladder irrigation, simple, lavage and/or instillation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old female with a long history of a female urethral syndrome and interstitial cystitis is treated with dimethyl sulfoxide (DMSO).

Percentage of Survey Respondents who found Vignette to be Typical: 78%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 15%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 15%

Description of Pre-Service Work: Obtain and review records or previous history, laboratory studies, and urologic X rays before the procedure. Communicate with other health care professionals (eg, family physician, anesthesiologist). Communicate with the patient to explain the procedure and operative risks and benefits; obtain informed consent. Dress for surgery, position patient in dorsal lithotomy on cystoscopy table , prepare, and drape patient, and scrub. Prepare and check needed equipment for surgery or procedure and any other non-skin-to-skin work in the OR or procedure suite.

Description of Intra-Service Work: Place a urinary catheter and drain the bladder. Place 50 cc of DMSO or other medication in the bladder and clamp the catheter. Then drain the bladder and remove the catheter.

Description of Post-Service Work: Postoperative work includes all post-procedure care on the day of the procedure and, if applicable, patient stabilization, postoperative orders, communication (including written and telephone reports) with the patient and/or family and referring physician, and other non-skin-to-skin work in the procedure suite; and other follow-up care, including prescriptions before the patient is discharged, if applicable.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Thomas Turk, M.D., James Dupree, M.D., Phil Wise, M.D. and Daniel Rukstalis, M.D.				
Specialty(s):	Urology				
CPT Code:	51700				
Sample Size:	1200	**Resp N:**	99	**Response:** 8.2 %	
Description of Sample:	Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	10.00	**30.00**	60.00	1000.00
Survey RVW:	0.15	0.60	**0.90**	1.45	5.67
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	5.00	**5.00**	10.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	51700	**Recommended Physician Work RVU: 0.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**17.00**	**-12.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
51705	000	0.90	**RUC Time**

CPT Descriptor Change of cystostomy tube; simple

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.48	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67820	000	0.71	**RUC Time**	276,248

CPT Descriptor 1 Correction of trichiasis; epilation, by forceps only

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
43760	000	0.91	**RUC Time**	57,700

CPT Descriptor 2 Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance

Other Reference CPT Code	Global	Work RVU	Time Source
20550	000	0.75	**RUC Time**

CPT Descriptor Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 36 **% of respondents:** 36.3 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 10.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 51700	**Top Key Reference CPT Code:** 51705	**2nd Key Reference CPT Code:** **99212**
Median Pre-Service Time	15.00	12.00	2.00
Median Intra-Service Time	5.00	10.00	10.00
Median Immediate Post-service Time	5.00	10.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**32.00**	**16.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.39	-0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.53	0.00
Urgency of medical decision making	0.03	0.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.06	-0.10

Physical effort required	0.25	0.20

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.11	-0.10
Outcome depends on the skill and judgment of physician	-0.17	0.10
Estimated risk of malpractice suit with poor outcome	-0.22	0.00

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.08	-0.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The American Urological Association (AUA) surveyed CPT code 51700. The AUA requested a random sample of approximately 1200 urologists from our general membership database. The survey was sent to 1,200 individuals and of those individuals, 99 responses were received for a response rate of 8.2%. In 2014, 177,461 of these procedures were performed in the Medicare population. The RUC requires 50 respondents as the minimum survey sample size for this code.

The AUA's Expert Panel reviewed the results and the respondents stated that the median service time was 5 minutes to complete this procedure - a reduction of 15 minutes from the intraservice time in 1995 of 20 minutes.

This procedure is performed in an office setting 84.35% of the time and is so a pre-service time package of 6A was selected by the expert panels. Five minutes of positioning time is recorded for the patient to be placed in the dorsal lithotomy position. The time has been established to be standard of care for positioning of patients during urologic procedures in the dorsal lithotomy position.

The current work RVU is 0.88. The median work value from the survey is 0.90 and the 25th percentile of work RVU is 0.60.

Code	Descriptor	Pre	Intra	Post	Total	IWPUT	RVU	RUC Reviewed
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	10.00	5.00	5.00	20.00	0.0828	0.75	April 2002
64405	Injection, anesthetic agent; greater occipital nerve	7.00	5.00	10.00	22.0	0.1118	0.94	Oct. 2010

Series of Urethral Catheterization Codes for Presentation at January 2016 RUC Meeting

CPT Code	Descriptor	Survey Time – Intra	Current RVU	Survey Median	Survey 25th percentile
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	5	0.50	0.90	0.50
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	5	0.50	0.91	0.83
51700	Bladder irrigation, simple, lavage and/or instillation	5	0.88	0.90	0.60
51720	Bladder instillation of anticarcinogenic agent (including retention time)	5	1.50	1.27	0.87
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	15	1.47	1.93	1.50

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 51700

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data is not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 177,461 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Claims data from RUC database

Specialty Urology Frequency 136680 Percentage 77.01 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 51700

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:51701 Tracking Number Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.50**
Global Period: 000 RUC Recommended RVU: **0.50**

CPT Descriptor: Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old patient presents with incomplete bladder emptying. A post void residual urine by straight catheterization is performed to determine amount of urine left in bladder.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 12%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 14%

Description of Pre-Service Work: Obtain and review records or previous history, lab studies, and x rays. Before the procedure, communicate with the patient to explain the procedure and the benefits. Based on patient history, decide on catheter of choice. Put the patient into the dorsal lithotomy position, prepare the patient, and clean the genitals using sterile technique. Surgeon changes into scrub clothes, washes hands, and dons sterile garb. Inject local anesthetic jelly into the urethra

Description of Intra-Service Work: Insert catheter per urethra into the bladder. Drain urine from bladder into graduated cylinder. Measure the residual urine in milliliters. Remove the temporary catheter from the patients' bladder/urethra. Discard the catheter and clean the scrub solution from the patient's genitalia.

Description of Post-Service Work: Assist in the transfer of the patient from the exam/procedure table to wash and get dressed. Write postoperative orders and prescriptions. Discuss procedure and findings with patient. Call referring physician regarding outcome of procedure and any unusual aspects of postoperative care (cardiac disease, diabetes management). Dictate detailed operative narrative. Schedule the next appointment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Thomas Turk, M.D., James Dupree, M.D., Phil Wise, M.D. and Daniel Rukstalis, M.D.		
Specialty(s):	Urology		
CPT Code:	51701		
Sample Size:	1200	**Resp N:** 108	**Response:** 9.0 %
Description of Sample:	Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	15.00	**45.00**	75.00	500.00
Survey RVW:	0.10	0.50	**0.90**	1.00	75.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**4.00**		
Intra-Service Time:	0.00	3.00	**5.00**	5.00	15.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	51701	**Recommended Physician Work RVU: 0.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**17.00**	**-12.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**4.00**	**5.00**	**-1.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
51705	000	0.90	**RUC Time**

CPT Descriptor Change of cystostomy tube; simple

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.48	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
29540	000	0.39	**RUC Time**	254,352

CPT Descriptor 1 Strapping; ankle and/or foot

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20552	000	0.66	**RUC Time**	337,565

CPT Descriptor 2 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)

Other Reference CPT Code	Global	Work RVU	Time Source
46600	000	0.55	**RUC Time**

CPT Descriptor Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 59 **% of respondents:** 54.6 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 12.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 51701	Top Key Reference CPT Code: 51705	2nd Key Reference CPT Code: **99212**
Median Pre-Service Time	14.00	12.00	2.00
Median Intra-Service Time	5.00	10.00	10.00
Median Immediate Post-service Time	5.00	10.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**24.00**	**32.00**	**16.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.07	-0.31
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.31	0.00
Urgency of medical decision making	0.25	0.23
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.14	-0.08

Physical effort required	0.07	0.15

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.22	0.00
Outcome depends on the skill and judgment of physician	0.00	-0.15
Estimated risk of malpractice suit with poor outcome	-0.07	0.15

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**

Time Segment (Mean)

Overall intensity/complexity	-0.02	-0.31

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The American Urological Association (AUA) surveyed CPT code 51701. The AUA requested a random sample of approximately 1200 urologists from our general membership database. The survey was sent to 1,200 individuals and of those individuals, 108 responses were received for a response rate of 9.0%. In 2014, 176,731 of these procedures were performed in the Medicare population so the number of responses to this survey meets the RUC criteria of 50 respondents as the minimum survey sample size for this code.

The AUA's Expert Panel reviewed the results and the respondents stated that the median service time was 5 minutes to complete this procedure – a reduction of 4 minutes from the intraservice time in 2002 of 9 minutes.

This procedure is performed in an office setting 91.66% of the time and is so a pre-service time package of 6A was selected by the expert panels. Five minutes of positioning time is recorded for the patient to be placed in the dorsal lithotomy position. The time has been established to be standard of care for positioning of patients during urologic procedures in the dorsal lithotomy position.

The current work RVU is 0.50. The median work value from the survey is 0.90 and the 25th percentile of work RVU is 0.50. The expert panel requests to maintain current value for CPT code 51701.

Series of Urethral Catheterization Codes for Presentation at January 2016 RUC Meeting

CPT Code	Descriptor	Survey Time – Intra	Current RVU	Survey Median	Survey 25th percentile
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	5	0.50	0.90	0.50
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	5	0.50	0.91	0.83
51700	Bladder irrigation, simple, lavage and/or instillation	5	0.88	0.90	0.60
51720	Bladder instillation of anticarcinogenic agent (including retention time)	5	1.50	1.27	.087
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	15	1.47	1.93	1.50

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 51701

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National claims data not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 176,731 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 claims data from RUC database

Specialty Urology Frequency 105774 Percentage 59.85 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 51701

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:51702 Tracking Number Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.50**
Global Period: 000 RUC Recommended RVU: **0.50**

CPT Descriptor: Insertion of temporary indwelling bladder catheter; simple (eg, Foley)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An 80-year-old patient presents with retention of urine. An indwelling catheter with bag is placed to allow bladder drainage.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 15%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 14%

Description of Pre-Service Work: Obtain and review records or previous history, lab studies, and x rays. Before the procedure, communicate with the patient to explain the procedure and the benefits. Based on patient history, decide on catheter of choice. Put the patient into the dorsal lithotomy position, prepare the patient, and clean the genitals using sterile technique. Surgeon changes into scrub clothes, washes hands, and dons sterile garb.Inject local anesthetic jelly into the urethra.

Description of Intra-Service Work: Insert catheter per urethra into the bladder. Inflate the balloon of the catheter to ensure it does not fall out. Drain the urine from bladder into the Foley bag. Measure the residual urine in milliliters. Secure the catheter to the patient's suprapubic region or inner thigh with a catheter secure device. Discard the remaining catheter supplies and clean the scrub solution from the patient's genitalia.

Description of Post-Service Work: Assist in the transfer of the patient from the exam/procedure table to wash and get dressed. Write postoperative orders and prescriptions. Discuss procedure and findings with patient. Call referring physician regarding outcome of procedure and any unusual aspects of postoperative care (cardiac disease, diabetes management). Dictate detailed operative narrative. Schedule the next appointment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Thomas Turk, M.D., James Dupree, M.D., Phil Wise, M.D. and Daniel Rukstalis, M.D.				
Specialty(s):	Urology				
CPT Code:	51702				
Sample Size:	1200	**Resp N:**	115	**Response:** 9.5 %	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	30.00	**60.00**	100.00	750.00
Survey RVW:	0.20	0.83	**0.91**	1.13	5.67
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	5.00	**5.00**	10.00	20.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	51702	**Recommended Physician Work RVU: 0.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**17.00**	**-12.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
51705	000	0.90	**RUC Time**

CPT Descriptor Change of cystostomy tube; simple

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99238	XXX	1.28	**RUC Time**

CPT Descriptor Hospital discharge day management; 30 minutes or less

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
29540	000	0.39	**RUC Time**	254,352

CPT Descriptor 1 Strapping; ankle and/or foot

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20552	000	0.66	**RUC Time**	337,565

CPT Descriptor 2 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)

Other Reference CPT Code	Global	Work RVU	Time Source
46600	000	0.55	**RUC Time**

CPT Descriptor Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 73 **% of respondents:** 63.4 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 7.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 51702	Top Key Reference CPT Code: 51705	2nd Key Reference CPT Code: **99238**
Median Pre-Service Time	15.00	12.00	8.00
Median Intra-Service Time	5.00	10.00	20.00
Median Immediate Post-service Time	5.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**32.00**	**38.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.16	0.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.26	0.11
Urgency of medical decision making	0.48	0.78
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.29	0.78
Physical effort required	0.21	1.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.11	0.78
Outcome depends on the skill and judgment of physician	0.18	0.67
Estimated risk of malpractice suit with poor outcome	0.21	0.67

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.19	0.44

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The American Urological Association (AUA) surveyed CPT code 51702. The AUA requested a random sample of approximately 1200 urologists from our general membership database. The survey was sent to 1,200 individuals and of those individuals, 115 responses were received for a response rate of 9.5%%. In 2014, 218,967 of these procedures were performed in the Medicare population so the number of responses to this survey meets the RUC criteria of 50 respondents as the minimum survey sample size for this code.

The AUA's Expert Panel reviewed the results and the respondents stated that the median service time was 5 minutes to complete this procedure – a reduction of 3 minutes from the intraservice time in 2002 of 8 minutes.

This procedure is performed in an office setting 82.88% of the time and is so a pre-service time package of 6A was selected by the expert panels. Five minutes of positioning time is recorded for the patient to be placed in the dorsal lithotomy position. The time has been established to be standard of care for positioning of patients during urologic procedures in the dorsal lithotomy position.

The current work RVU is 0.50. The median work value from the survey is 0.91 and the 25th percentile of work RVU is 0.83. The expert panel requests to maintain current value for CPT code 51702.

Series of Urethral Catheterization Codes for Presentation at January 2016 RUC Meeting

CPT Code	Descriptor	Survey Time – Intra	Current RVU	Survey Median	Survey 25th percentile
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	5	0.50	0.90	0.50
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	5	0.50	0.91	0.83
51700	Bladder irrigation, simple, lavage and/or instillation	5	0.88	0.90	0.60
51720	Bladder instillation of anticarcinogenic agent (including retention time)	5	1.50	1.27	0.87
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	15	1.47	1.93	1.50

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 51702

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National claims data not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 218,967 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 claims data from RUC database

Specialty Urology Frequency 174320 Percentage 79.61 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 51702

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:51703 Tracking Number Original Specialty Recommended RVU: **1.47**
Presented Recommended RVU: **1.47**
Global Period: 000 RUC Recommended RVU: **1.47**

CPT Descriptor: Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old male presents retention of urine. An attempt to pass a catheter fails due to a suspected bladder neck contracture. After multiple attempts, an indwelling catheter with bag is finally passed to allow bladder drainage.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 35%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 19%

Description of Pre-Service Work: Obtain and review records and previous history, lab studies, and x rays, including details of techniques used in previous attempts at catheterization, complications of those attempts, and patient response (such as blood per urethra). This can also include direct discussion with providers who performed previous attempts. Before the procedure, communicate with the patient and family to explain the procedure and the benefits and the risk associated with this more complex catheter placement. Based on patient history, decide on catheter of choice and have avialable other options if first choice catheter cannot be passed safely. Put the patient into the dorsal lithotomy position, prepare the patient, and clean the genitals using sterile technique. Surgeon changes into scrub clothes, washes hands, and dons sterile garb. Inject local anesthetic jelly into the urethra.

Description of Intra-Service Work: Insert catheter per urethra into the bladder. Once there is return of urine, irrigate with a syringe to ensure catheter irrigates quantitatively and is correctly positioned within the bladder. Inflate the balloon of the catheter to ensure it does not fall out. Drain the urine from bladder into the Foley bag. Measure the residual urine in milliliters. Secure the catheter to the patient's suprapubic region or inner thigh with a catheter secure device. Discard the remaining catheter supplies and clean the scrub solution from the patient's genitalia..

Description of Post-Service Work: Assist in the transfer of the patient from the exam/procedure table to wash and get dressed. Based on results of procedure, determine need for post-procedure antibiotics, duration of catheter placement, and schedule for catheter removal or exchange or other procedures. Write postoperative orders including prescriptions. Discuss procedure and findings with patient and family and councel about implication of this procedure on future catherization

attempts. Call referring physician regarding outcome of procedure and any unusual aspects of postoperative care (cardiac disease, diabetes management). Dictate detailed operative narrative. Schedule the next appointment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Thomas Turk, M.D.,James Dupree, M.D., Phil Wise, M.D. and Daniel Rukstalis, M.D.				
Specialty(s):	Urology				
CPT Code:	51703				
Sample Size:	1200	**Resp N:**	112	**Response:** 9.3 %	
Description of Sample:	Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	12.00	**25.00**	50.00	240.00
Survey RVW:	0.50	1.50	**1.93**	2.50	9.50
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	2.00	10.00	**15.00**	22.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	51703	**Recommended Physician Work RVU: 1.47**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**17.00**	**-7.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52005	000	2.37	**RUC Time**

CPT Descriptor Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
53855	000	1.64	**RUC Time**

CPT Descriptor Insertion of a temporary prostatic urethral stent, including urethral measurement

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12004	000	1.44	**RUC Time**	21,758

CPT Descriptor 1 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57452	000	1.50	**RUC Time**	8,396

CPT Descriptor 2 Colposcopy of the cervix including upper/adjacent vagina;

Other Reference CPT Code	Global	Work RVU	Time Source
67500	000	1.44	**RUC Time**

CPT Descriptor Retrobulbar injection; medication (separate procedure, does not include supply of medication)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 18 **% of respondents:** 16.0 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 16.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 51703	Top Key Reference CPT Code: 52005	2nd Key Reference CPT Code: **53855**
Median Pre-Service Time	20.00	29.00	7.00
Median Intra-Service Time	15.00	30.00	15.00
Median Immediate Post-service Time	10.00	20.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**45.00**	**79.00**	**32.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.61	1.22
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.39	0.94
Urgency of medical decision making	1.28	1.39
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.06	1.11
Physical effort required	1.33	1.33

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.17	1.06
Outcome depends on the skill and judgment of physician	1.06	1.39
Estimated risk of malpractice suit with poor outcome	1.17	1.06

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.22	1.39

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The American Urological Association (AUA) surveyed CPT code 51703. The AUA requested a random sample of approximately 1200 urologists from our general membership database. The survey was sent to 1,200 individuals and of those individuals, 112 responses were received for a response rate of 9.3%. In 2014, 56,516 of these procedures were performed in the Medicare population so the number of responses to this survey meets the RUC criteria of 30 respondents as the minimum survey sample size for this code.

The AUA's Expert Panel reviewed the results and the respondents stated that the median service time was 15 minutes to complete this procedure – a reduction of 14 minutes from the intraservice time in 2002 of 29 minutes.

This procedure is performed in an office setting 60.84% of the time and is so a pre-service time package of 6A was selected by the expert panels. Five minutes of positioning time is recorded for the patient to be placed in the dorsal lithotomy position. The time has been established to be standard of care for positioning of patients during urologic procedures in the dorsal lithotomy position.

The current work RVU is 1.47. The median work value from the survey is 1.93 and the 25th percentile of work RVU is 1.50. The expert panel requests to maintain current value for CPT code 51703.

Other comparison code

Code	Descriptor	Pre	Intra	Post	Total	IWPUT	RVU	RUC Reviewed
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	18	5.00	5.00	28.0	0.2173	1.53	April 2012

Series of Urethral Catheterization Codes for Presentation at January 2016 RUC Meeting
This chart shows the physician work current and survey results of all catheterization codes presented for January 2016 and the requested specialty society RVUs are highlighted

CPT Code	Descriptor	Survey Time – Intra	Current RVU	Survey Median	Survey 25th percentile
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	5	0.50	0.90	0.50
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	5	0.50	0.91	0.83
51700	Bladder irrigation, simple, lavage and/or instillation	5	0.88	0.90	0.60
51720	Bladder instillation of anticarcinogenic agent (including retention time)	5	1.50	1.27	0.87
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	15	1.47	1.93	1.50

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 51703

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National claims data not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 56,516 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Claims data from RUC database

Specialty Urology Frequency 51062 Percentage 90.34 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 51703

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Bladder Catheter

TAB: 32

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	51705	Change of cystostomy tube; simple		0.041			0.90			32	7	5				10			10																		
2nd REF	99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.		0.035			0.48			16	2					10			4																		
CURRENT	51700	Bladder irrigation, simple, lavage and/or instillation		0.016			0.88			45	15					20			10																		
SVY	51700	Bladder irrigation, simple, lavage and/or instillation	99	0.105	0.15	0.60	0.90	1.45	5.67	25	5	5	5	1	5	5	10	60	5																		
REC	51700	Bladder irrigation, simple, lavage and/or instillation	99	0.045			0.60			25	5	5	5			5			5																		

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11
1st REF	51705	Change of cystostomy tube; simple		0.041			0.90			32	7	5				10			10																
2nd REF	99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.		0.035			0.48			16	2					10			4																
CURRENT	51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)		0.021			0.50			25	5	5	3			9			3																

32,33,34,35,36
Tab Numbers

Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
Issue

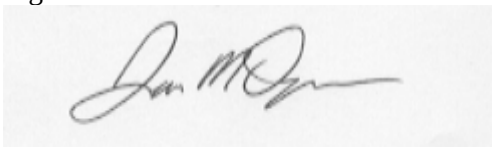
51784, 52000, 51700-51703, 51720 and 55700
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature



James Dupree, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

32,33,34,35,36
Tab Numbers

Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
Issue

51784, 52000, 51700-51703, 51720 and 55700
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Signature



Daniel Rukstalis, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

32,33,34,35,36
Tab Numbers

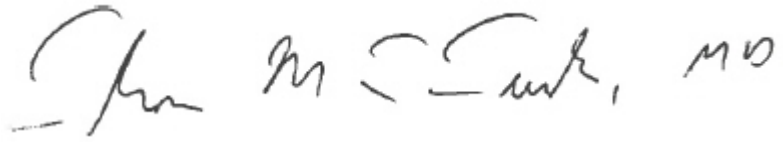
Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
Issue

51784, 52000, 51700-51703, 51720 and 55700
Code Range

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Signature

Thomas Turk, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

32,33,34,35,36
Tab Numbers

Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
Issue

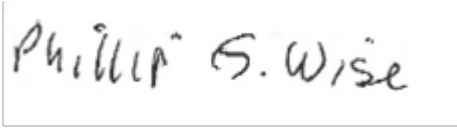
51784, 52000, 51700-51703, 51720 and 55700
Code Range

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Signature



Phil Wise, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Bladder irrigation, simple, lavage and/or instillation

Global Period: 000 Meeting Date: January 13-16, 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

   The recommendations were developed by a Panel consisting of six physicians who represents urologic practices from across the United States in single specialty groups in suburban and urban settings.The panel reviews current information, makes recommendations and these recommendations are submitted to the AMA.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT Code 51700 Bladder irrigation, simple, lavage and/or instillation was the key reference code that was selected from survey respondents.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Service Period Start Clinical Labor Activities:

- Charts are reviewed by clinical staff to verify that correct procedure is ordered for the patient.
- Room is prepared and exam table is covered with paper.
- Patients are greeted and a gown is provided.
- Patient education and consent is obtained.
- The nursing staff reviews with patient each step of the treatment and enables patient to ask questions.
- Obtains vitals

- Sets up the equipment and sets up the supplies needed for the procedure.
- Performs a time-out with physician to make sure proper procedure and proper patient is being treated
- Assist the physician with positioning and padding of patient in the dorsal lithotomy position.
- Assist the physician with the preparation and draping of the patient.
- Assist the physician with the anesthesia prior to the procedure.

Intra Service:

- Clinical staff person hands supplies and equipment to the physician during procedure.
- Assist the physician with removing padding and repositioning patient after procedure.

Post-Service Clinical Labor Activities:

- Clean the room and disinfect equipment in proper sterilizing equipment and according to sterilization protocols.
- Provide follow up information to patient.
- Discuss any adverse reaction at insertion site.
- Confers with the MD verbally for any last minute instructions for patient.
- Next appointment is set up for patient while checking out.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)

Global Period: 000 Meeting Date: January 13-16, 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

   The recommendations were developed by a Panel consisting of six physicians who represents urologic practices from across the United States in single specialty groups in suburban and urban settings. The panel reviews current information, makes recommendations and these recommendations are submitted to the AMA.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT Code 51701 Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine) was the key reference code that was selected from survey respondents.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: RUC database did not indicate service period times when reviewed previously. The clinical staff does perform all functions indicated on the spreadsheet according to clinical protocol.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: Specialty pack was added since there were no supplies listed for patient such as a gown, table paper, etc.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Service Period Start Clinical Labor Activities:

- Charts are reviewed by clinical staff to verify that correct procedure is ordered for the patient.
- Room is prepared and exam table is covered with paper.
- Patients are greeted and a gown is provided.
- Patient education and consent is obtained.

- The nursing staff reviews with patient each step of the treatment and enables patient to ask questions.
- Obtains vitals
- Sets up the equipment and sets up the supplies needed for the procedure.
- Performs a time-out with physician to make sure proper procedure and proper patient is being treated
- Assist the physician with positioning and padding of patient in the dorsal lithotomy position.
- Assist the physician with the preparation and draping of the patient.
- Assist the physician with the anesthesia prior to the procedure.

Intra-service:

- Clinical staff person hands supplies and equipment to the physician during procedure.
- Assist the physician with removing padding and repositioning patient after procedure.

Post-Service Clinical Labor Activities:

- Clean the room and disinfect equipment in proper sterilizing equipment and according to sterilization protocols.
- Provide follow up information to patient.
- Discuss any adverse reaction at insertion site.
- Confers with the MD verbally for any last minute instructions for patient.
- Next appointment is set up for patient while checking out.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Insertion of temporary indwelling bladder catheter; simple (eg, Foley)

Global Period: 000 Meeting Date: January 13-16, 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

   The recommendations were developed by a Panel consisting of six physicians who represents urologic practices from across the United States in single specialty groups in suburban and urban settings. The panel reviews current information, makes recommendations and these recommendations are submitted to the AMA.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT Code 51702 Insertion of temporary indwelling bladder catheter; simple (eg, Foley) was the key reference code that was selected from survey respondents.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: RUC database did not indicate service period times when reviewed previously. The clinical staff does perform all functions indicated on the spreadsheet according to clinical protocol.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: Specialty pack was added since there were no supplies listed for patient such as a gown, table paper, etc.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Service Period Start Clinical Labor Activities:

- Charts are reviewed by clinical staff to verify that correct procedure is ordered for the patient.
- Room is prepared and exam table is covered with paper.

- Patients are greeted and a gown is provided.
- Patient education and consent is obtained.
- The nursing staff reviews with patient each step of the treatment and enables patient to ask questions.
- Obtains vitals
- Sets up the equipment and sets up the supplies needed for the procedure.
- Performs a time-out with physician to make sure proper procedure and proper patient is being treated
- Assist the physician with positioning and padding of patient in the dorsal lithotomy position.
- Assist the physician with the preparation and draping of the patient.
- Assist the physician with the anesthesia prior to the procedure.

Intra-service:

- Clinical staff person hands supplies and equipment to the physician during procedure.
- Assist the physician with removing padding and repositioning patient after procedure.

Post-Service Clinical Labor Activities:

- Clean the room and disinfect equipment in proper sterilizing equipment and according to sterilization protocols.
- Provide follow up information to patient.
- Discuss any adverse reaction at insertion site.
- Confers with the MD verbally for any last minute instructions for patient.
- Next appointment is set up for patient while checking out.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)

Global Period: 000 Meeting Date: January 13-16, 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

   The recommendations were developed by a Panel consisting of six physicians who represents urologic practices from across the United States in single specialty groups in suburban and urban settings.The panel reviews current information, makes recommendations and these recommendations are submitted to the AMA.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT Code 51703 Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon) was the key reference code that was selected from survey respondents.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: There was no accountability for clinical staff time when previously reviewed.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: Specialty pack was added since there were no supplies listed for patient such as a gown, table paper, etc.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Service Period Start Clinical Labor Activities:

- Charts are reviewed by clinical staff to verify that correct procedure is ordered for the patient.
- Room is prepared and exam table is covered with paper.
- Patients are greeted and a gown is provided.

- Patient education and consent is obtained.
- The nursing staff reviews with patient each step of the treatment and enables patient to ask questions.
- Obtains vitals
- Sets up the equipment and sets up the supplies needed for the procedure.
- Performs a time-out with physician to make sure proper procedure and proper patient is being treated
- Assist the physician with positioning and padding of patient in the dorsal lithotomy position.
- Assist the physician with the preparation and draping of the patient.
- Assist the physician with the anesthesia prior to the procedure.

Intra-service:

- Clinical staff person hands supplies and equipment to the physician during procedure.
- Assist the physician with removing padding and repositioning patient after procedure.

Post-Service Clinical Labor Activities:

- Clean the room and disinfect equipment in proper sterilizing equipment and according to sterilization protocols.
- Provide follow up information to patient.
- Discuss any adverse reaction at insertion site.
- Confers with the MD verbally for any last minute instructions for patient.
- Next appointment is set up for patient while checking out.

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code 51700**		**CPT Code # 51700**		**CPT Code 51701**		**CPT Code # 51701**	
3	**Meeting Date: January 2016 Tab: 32 Specialty: Urology**	**CMS Code**	**Staff Type**	Bladder irrigation, simple, lavage and/or instillation 10/2000		Bladder irrigation, simple, lavage and/or instillation		Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine) 4/2002		Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD 000**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**53.0**	**0.0**	**40.0**	**0.0**	**18.0**	**5.0**	**23.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**8.0**	**0.0**	**9.0**	**0.0**	**3.0**	**2.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**45.0**	**0.0**	**31.0**	**0.0**	**15.0**	**0.0**	**23.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**3.0**	**0.0**	**0.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**	**4**		**5**		**3**	**2**		
13	Coordinate pre-surgery services	**L037D**	**RN/LPN/MTA**								
14	Schedule space and equipment in facility	**L037D**	**RN/LPN/MTA**								
15	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**	**4**		**4**					
16	Follow-up phone calls & prescriptions	**L037D**	**RN/LPN/MTA**								
17	Other Clinical Activity - *specify:*	**L037D**	**RN/LPN/MTA**								
18	**End: When patient enters office/facility for surgery/procedure**										
19	**SERVICE PERIOD**										
20	**Start: When patient enters office/facility for surgery/procedure:**										
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L037D**	**RN/LPN/MTA**	**5**		**3**					
22	Obtain vital signs	**L037D**	**RN/LPN/MTA**	**5**		**3**					
23	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**								
24	Prepare room, equipment, supplies	**L037D**	**RN/LPN/MTA**	**6**		**2**				**2**	
25	Setup scope (non facility setting only)	**L037D**	**RN/LPN/MTA**								
26	Prepare and position patient/ monitor patient/ set up IV	**L037D**	**RN/LPN/MTA**	**2**		**2**				**2**	
27	Sedate/apply anesthesia	**L037D**	**RN/LPN/MTA**								
28	Other Clinical Activity - specify:	**L037D**	**RN/LPN/MTA**								
29	**Intra-service**										
30	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**6**		**5**		**15**		**5**	
31	Assist physician/moderate sedation (% of physician time)	**L037D**	**RN/LPN/MTA**								
32	**Post-Service**										
33	Monitor pt. following moderate sedation	**L037D**	**RN/LPN/MTA**								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)			**5**							
35	Monitor pt. (No multi-tasking)	**L037D**	**RN/LPN/MTA**			**5**				**3**	
36	Clean room/equipment by physician staff	**L037D**	**RN/LPN/MTA**	**8**		**3**				**3**	
37	Clean Scope	**L037D**	**RN/LPN/MTA**								
38	Clean Surgical Instrument Package	**L037D**	**RN/LPN/MTA**								
39	Complete diagnostic forms, lab & X-ray requisitions	**L037D**	**RN/LPN/MTA**	**3**		**3**				**3**	
40	Review/read X-ray, lab, and pathology reports	**L037D**	**RN/LPN/MTA**								
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	**RN/LPN/MTA**	**5**		**5**				**5**	
42	Other Clinical Activity - *specify:*	**L037D**	**RN/LPN/MTA**								
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	**L037D**	**RN/LPN/MTA**	**n/a**		**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)	**L037D**	**RN/LPN/MTA**	**n/a**		**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)	**L037D**	**RN/LPN/MTA**	**n/a**		**n/a**		**n/a**		**n/a**	
46	**End: Patient leaves office**										

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code 51700**		**CPT Code # 51700**		**CPT Code 51701**		**CPT Code # 51701**	
3	**Meeting Date: January 2016 Tab: 32 Specialty: Urology**	**CMS Code**	**Staff Type**	Bladder irrigation, simple, lavage and/or instillation 10/2000		Bladder irrigation, simple, lavage and/or instillation		Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine) 4/2002		Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD 000**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
47	**POST-SERVICE Period**										
48	**Start: Patient leaves office/facility**										
49	Conduct phone calls/call in prescriptions								**3**		
50	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
51	99211 16 minutes		16								
52	99212 27 minutes		27								
53	99213 36 minutes		36								
54	99214 53 minutes		53								
55	99215 63 minutes		63								
56	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
57	Other Clinical Activity - *specify:*										
58	**End: with last office visit before end of global period**										
59	**MEDICAL SUPPLIES***	**CODE**	**UNIT**								
60	tray, catheter insertion (w-o catheter)	SA063	tray			1				1	
61	pack, minimum multi-specialty visit	SA048	pack	**1**		1				1	
62	cap, surgical	SB001	item	**1**		1		**1**		1	
63	gown,staff,inpervious	SB027	item	**1**		1		**1**		1	
64	mask, surgical, with face shield	SB034	item	**1**		1		**1**		1	
65	shoe covers, surgical	SB039	item	**1**		1		**1**		1	
66	syringe, Toomey	SC062	item	**1**		1					
67	needle, 18-27g	SB029	item	**1**		1		**1**		1	
68	syringe 10-12ml	SC051	item	**1**		1		**1**		1	
69	catheter, straight	SD030	item	**1**		1					
70	catheter stylet	SD014	item								
71	catheter, foley	SD024	item					**1**		1	
72	leg or urinary drainage bag	SJ031	item					**1**		1	
73	swab-pad, alcohol	SJ053	item	**2**		2		**2**		2	
74	sanitizing cloth-wipe, (patient)	SM021	item	**5**		5		**5**		5	
75	**EQUIPMENT**	**CODE**									
76	table, power	EF031		**45**		31		**15**		23	

	A	B	C	L	M	N	O	P	Q	R	S
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code 51702**		**CPT Code # 51702**		**CPT Code 51703**		**CPT Code # 51703**	
3	**Meeting Date: January 2016 Tab: 32 Specialty: Urology**	**CMS Code**	**Staff Type**	Insertion of temporary indwelling bladder catheter; simple (eg, Foley) 4/2002		Insertion of temporary indwelling bladder catheter; simple (eg, Foley) 4/2002		Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured		Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD 000**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**42.0**	**12.0**	**33.0**	**1.0**	**60.0**	**18.0**	**46.0**	**7.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**16.0**	**9.0**	**0.0**	**1.0**	**20.0**	**15.0**	**0.0**	**7.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**26.0**	**0.0**	**33.0**	**0.0**	**40.0**	**0.0**	**43.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**3.0**	**3.0**	**0.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**	**5**	**5**			**5**	**5**		
13	Coordinate pre-surgery services	**L037D**	**RN/LPN/MTA**	**5**	**3**			**5**	**5**		**5**
14	Schedule space and equipment in facility	**L037D**	**RN/LPN/MTA**	**1**	**1**		**1**				
15	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**	**2**				**7**	**2**		**2**
16	Follow-up phone calls & prescriptions	**L037D**	**RN/LPN/MTA**	**3**				**3**	**3**		
17	Other Clinical Activity - *specify:*	**L037D**	**RN/LPN/MTA**								
18	**End: When patient enters office/facility for surgery/procedure**										
19	**SERVICE PERIOD**										
20	**Start: When patient enters office/facility for surgery/procedure:**										
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L037D**	**RN/LPN/MTA**	**5**		**3**		**5**		**3**	
22	Obtain vital signs	**L037D**	**RN/LPN/MTA**	**3**		**3**		**3**		**3**	
23	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**			**2**				**2**	
24	Prepare room, equipment, supplies	**L037D**	**RN/LPN/MTA**	**2**		**2**		**2**		**2**	
25	Setup scope (non facility setting only)	**L037D**	**RN/LPN/MTA**								
26	Prepare and position patient/ monitor patient/ set up IV	**L037D**	**RN/LPN/MTA**	**1**		**2**		**1**		**2**	
27	Sedate/apply anesthesia	**L037D**	**RN/LPN/MTA**								
28	Other Clinical Activity - specify:	**L037D**	**RN/LPN/MTA**	**7**							
29	**Intra-service**										
30	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**8**		**5**		**29**		**15**	
31	Assist physician/moderate sedation (% of physician time)	**L037D**	**RN/LPN/MTA**								
32	**Post-Service**										
33	Monitor pt. following moderate sedation	**L037D**	**RN/LPN/MTA**								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)										
35	Monitor pt. (No multi-tasking)	**L037D**	**RN/LPN/MTA**			**5**				**5**	
36	Clean room/equipment by physician staff	**L037D**	**RN/LPN/MTA**			**3**				**3**	
37	Clean Scope	**L037D**	**RN/LPN/MTA**								
38	Clean Surgical Instrument Package	**L037D**	**RN/LPN/MTA**								
39	Complete diagnostic forms, lab & X-ray requisitions	**L037D**	**RN/LPN/MTA**			**3**				**3**	
40	Review/read X-ray, lab, and pathology reports	**L037D**	**RN/LPN/MTA**								
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	**RN/LPN/MTA**			**5**				**5**	
42	Other Clinical Activity - *specify:*	**L037D**	**RN/LPN/MTA**								
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	**L037D**	**RN/LPN/MTA**	**n/a**		**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)	**L037D**	**RN/LPN/MTA**	**n/a**		**n/a**		**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)	**L037D**	**RN/LPN/MTA**	**n/a**		**n/a**		**n/a**		**n/a**	
46	**End: Patient leaves office**										

	A	B	C	L	M	N	O	P	Q	R	S
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code 51702**		**CPT Code # 51702**		**CPT Code 51703**		**CPT Code # 51703**	
3	**Meeting Date: January 2016 Tab: 32 Specialty: Urology**	**CMS Code**	**Staff Type**	Insertion of temporary indwelling bladder catheter; simple (eg, Foley) 4/2002		Insertion of temporary indwelling bladder catheter; simple (eg, Foley) 4/2002		Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured		Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD 000**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
47	**POST-SERVICE Period**										
48	**Start: Patient leaves office/facility**										
49	Conduct phone calls/call in prescriptions				**3**				**3**	**3**	
50	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
51	99211 16 minutes		16								
52	99212 27 minutes		27								
53	99213 36 minutes		36								
54	99214 53 minutes		53								
55	99215 63 minutes		63								
56	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
57	Other Clinical Activity - *specify:*										
58	**End: with last office visit before end of global period**										
59	**MEDICAL SUPPLIES***	**CODE**	**UNIT**								
60	tray, catheter insertion (w-o catheter)	SA063	tray	**1**		1				1	
61	pack, minimum multi-specialty visit	SA048	pack			1				1	
62	cap, surgical	SB001	item	**1**		1		**1**		1	
63	gown,staff,inpervious	SB027	item	**1**		1		**1**		1	
64	mask, surgical, with face shield	SB034	item	**1**		1		**1**		1	
65	shoe covers, surgical	SB039	item	**1**		1		**1**		1	
66	syringe, Toomey	SC062	item								
67	needle, 18-27g	SB029	item	**1**		1		**1**		1	
68	syringe 10-12ml	SC051	item	**1**		1		**1**		1	
69	catheter, straight	SD030	item								
70	catheter stylet	SD014	item					**1**		1	
71	catheter, foley	SD024	item	**1**		1		**1**		1	
72	leg or urinary drainage bag	SJ031	item	**1**		1		**1**		1	
73	swab-pad, alcohol	SJ053	item	**2**		2		**2**		2	
74	sanitizing cloth-wipe, (patient)	SM021	item	**5**		5		**5**		5	
75	**EQUIPMENT**	**CODE**									
76	table, power	EF031		**26**		33		**40**		43	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Treatment of Bladder Lesion

In the Final Rule for 2016 CMS re-ran the screen for 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. CPT code 51720 *Bladder instillation of anticarcinogenic agent (including retention time)* was identified via this screen.

The RUC reviewed the survey responses from 50 urologists and determined that the survey 25th percentile work RVU of 0.87 appropriately accounts for the work required to perform this service. The RUC recommends 9 minutes pre-service time, 5 minutes intra-service time and 5 minutes immediate post-service time. The RUC noted that the intra-service time significantly decreased since the last RUC review and agreed that for this specific service, a commensurate decrease in the recommended work is appropriate. The RUC compared the surveyed code to the key reference code 51705 *Change of cystostomy tube; simple* (work RVU = 0.90 and 10 minutes intra-service time) and noted that physician work is similar but 51720 requires less time and is slightly more intense and complex to perform than 51705. For additional support the RUC referenced MPC code 43760 *Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance* (work RVU = 0.91 and 10 minutes intra-service time) and similar service 20550 *Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")* (work RVU = 0.75 and 5 minutes intra-service time). **The RUC recommends a work RVU of 0.87 for CPT code 51720.**

Practice Expense
The Practice Expense Subcommittee eliminated some of clinical staff pre-service time because it istypically only performed on first of five sequential times done for this service. The PE Subcommittee added the clinical staff time to set up and mix Bacillus Calmette-Guerin (BCG), added the appropriate catheter insertion tray, removed associated duplicative supplies and corrected the equipment minutes. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
51720	Bladder instillation of anticarcinogenic agent (including retention time)	000	0.87

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:51720 Tracking Number Original Specialty Recommended RVU: **1.27**
Presented Recommended RVU: **0.87**
Global Period: 000 RUC Recommended RVU: **0.87**

CPT Descriptor: Bladder instillation of anticarcinogenic agent (including retention time)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old male underwent transurethral resection (TUR) of a noninvasive transitional carcinoma of the bladder four weeks ago. He is a candidate for intravesical Bacillus Calmette-Guerin (BCG) therapy. BCG is reconstituted and placed in the bladder per BCG protocol. Possible side effects of the BCG treatment are carefully reviewed with the patient.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 8%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 10%

Description of Pre-Service Work: Check to be sure the chemotherapeutic drug is available. (BCG is the most commonly used drug; less commonly used are Thiotepa, Interferon, and Mitomycin.) Check schedule for following day. Check with scheduling staff to see if patient was notified about procedure, as drug has been ordered. Review laboratory studies (eg, complete blood cell count [CBC] if Thiotepa is used). Review procedure and post-procedure recovery with patient and/or family. Answer patient and/or family questions; be sure informed consent is documented in record. Review voiding instructions after BCG instilled. Review urinalysis result; must be infection free. Ensure guidelines are followed when drug is mixed and prepared. Place patient in supine position on examination table. Prepare genitalia. Instill local anesthetic into urethra.

Description of Intra-Service Work: Place a straight catheter. Follow OSHA guidelines. Drain any residual urine. Allow drug (most commonly BCG) to flow from syringe by gravity slowly into bladder. Remove catheter. Carefully dispose of all items in a ziplock bag per OSHA guidelines; place bag into a chemotherapy waste container.

Description of Post-Service Work: Assist patient off of the examination table. Carefully record drug lot number in medical record. Discuss the planned retention time (eg, two hours for BCG). Meet with patient and/or family and discuss the immediate expected signs and symptoms. Conduct postoperative pain assessment. Write orders and/or prescriptions as necessary. Dictate detailed office note.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Thomas Turk, M.D., James Dupree, M.D., Phil Wise, M.D. and Daniel Rukstalis, M.D.				
Specialty(s):	Urology				
CPT Code:	51720				
Sample Size:	1200	**Resp N:**	50	**Response:** 4.1 %	
Description of Sample:	Random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	15.00	**28.00**	58.00	200.00
Survey RVW:	0.45	0.87	**1.27**	1.60	9.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	0.00	5.00	**5.00**	10.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	51720	**Recommended Physician Work RVU: 0.87**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**17.00**	**-12.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**3.00**	**5.00**	**-2.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
51705	000	0.90	**RUC Time**

CPT Descriptor Change of cystostomy tube; simple

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99203	XXX	1.42	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
23350	000	1.00	**RUC Time**	36,163

CPT Descriptor 1 Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12004	000	1.44	**RUC Time**	21,758

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
11980	000	1.10	**RUC Time**

CPT Descriptor Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 20 **% of respondents:** 40.0 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 8.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 51720	**Top Key Reference CPT Code:** 51705	**2nd Key Reference CPT Code:** **99203**
Median Pre-Service Time	9.00	12.00	4.00
Median Intra-Service Time	5.00	10.00	20.00
Median Immediate Post-service Time	5.00	10.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**19.00**	**32.00**	**29.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.89	-0.75
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.95	0.75
Urgency of medical decision making	0.47	0.75
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.16	0.50

Physical effort required	0.37	0.75

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.42	1.75
Outcome depends on the skill and judgment of physician	0.79	0.25
Estimated risk of malpractice suit with poor outcome	1.11	1.50

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**

Time Segment (Mean)

Overall intensity/complexity	0.89	0.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The American Urological Association (AUA) surveyed CPT code 51720. The AUA requested a random sample of approximately 1000 urologists from our general membership database. The survey was sent to 1,200 individuals and of those individuals, 50 responses were received for a response rate of 4.1%. In 2014, 178,765 of these procedures were performed in the Medicare population so the number of responses to this survey meets the RUC criteria of 50 respondents as the minimum survey sample size for this code.

The AUA's Expert Panel reviewed the results and the respondents stated that the median service time was 5 minutes to complete this procedure - a reduction of 7 minutes from the intraservice time in 2005 of 12 minutes.

This procedure is performed in an office setting 90.02% of the time and is so a pre-service time package of 6A was selected by the expert panels.

The current work RVU is 1.50. The median work value from the survey is 1.27 and the 25th percentile of work RVU is 0.87.

Code	Descriptor	Pre	Intra	Post	Total	IWPUT	RVU	RUC Reviewed
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	10	5	5	25	0.2127	1.44	8/2005

Series of Urethral Catheterization Codes for Presentation at January 2016 RUC Meeting
This chart shows the physician work current and survey results of all catheterization codes presented for January 2016 and the requested specialty society RVUs are highlighted

CPT Code	Descriptor	Survey Time – Intra	Current RVU	Survey Median	Survey 25th percentile

51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	5	0.50	0.90	0.50
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	5	0.50	0.91	0.83
51700	Bladder irrigation, simple, lavage and/or instillation	5	0.88	0.90	0.60
51720	Bladder instillation of anticarcinogenic agent (including retention time)	5	1.50	1.27	0.87
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	15	1.47	1.93	1.50

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 51720

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data is not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 178,765 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 claims data from RUC database

Specialty Urology Frequency 163802 Percentage 91.62 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 51720

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: 51720 Bladder instillation of anticarcinogenic agent (including retention time)

TAB:

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	51705	Change of cystostomy tube; simple		0.041			0.90			32	7	5				10			10																			
2nd REF	99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.		0.061			1.42			29	4					20			5																			
CURRENT	51720	Bladder instillation of anticarcinogenic agent (including retention time)		0.062			1.50			49	20	2	5			12			10																			
SVY	51720	Bladder instillation of anticarcinogenic agent (including retention time)	50	0.191	0.45	0.87	1.27	1.60	9.00	21	5	3	3	0	5	5	10	60	5																			
REC	51720	Bladder instillation of anticarcinogenic agent (including retention time)	50	0.120			0.87			19	5	1	3			5			5																			

32,33,34,35,36
Tab Numbers

Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
Issue

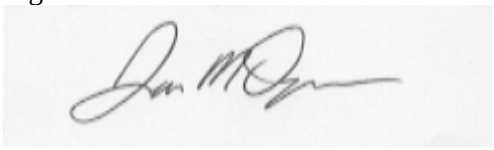
51784, 52000, 51700-51703, 51720 and 55700
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature



James Dupree, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

32,33,34,35,36
Tab Numbers

Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
Issue

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Signature



Daniel Rukstalis, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

32,33,34,35,36
Tab Numbers

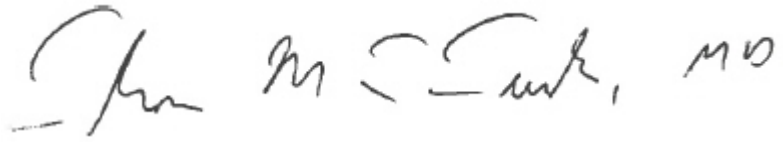
Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
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Signature

Thomas Turk, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

32,33,34,35,36
Tab Numbers

Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
Issue

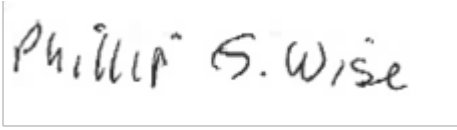
51784, 52000, 51700-51703, 51720 and 55700
Code Range

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature



Phil Wise, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Bladder instillation of anticarcinogenic agent (including retention time)

Global Period: 000 Meeting Date: January 13-16, 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

   The recommendations were developed by a Panel consisting of three physicians who represents urologic practices from across the United States in single specialty groups in suburban and urban settings. They represent the states of Washington, Illinois, Florida and North Carolina. The panel reviews current information, makes recommendations and these recommendations are submitted to the AMA.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT Code 51720 Bladder instillation of anticarcinogenic agent (including retention time) was the key reference code that was selected from survey respondents.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

- Charts are reviewed by clinical staff to verify that correct procedure is ordered for the patient.
- Room is prepared and exam table is covered with paper.
- Patients are greeted and a gown is provided.
- Patient education and consent is obtained.
- The nursing staff reviews with patient each step of the treatment and enables patient to ask questions.

- Obtains vitals
- Sets up the equipment and sets up the supplies needed for the procedure.
- Performs a time-out with physician to make sure proper procedure and proper patient is being treated Assist the physician with positioning and padding of patient in the dorsal lithotomy position.
- Assist the physician with the preparation and draping of the patient.
- Assist the physician with the anesthesia prior to the procedure.

- Clinical staff person hands supplies and equipment to the physician during procedure.
- Assist the physician with removing padding and repositioning patient after procedure.

Post-Service Clinical Labor Activities:

- Clean the room and disinfect equipment in proper sterilizing equipment and according to sterilization protocols.
- Provide follow up information to patient.
- Discuss any adverse reaction at insertion site.
- Confers with the MD verbally for any last minute instructions for patient.
- Next appointment is set up for patient while checking out.

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code 51720**		**CPT Code 51720**	
3	**Meeting Date: January 2016** **Tab:** **Specialty: Urology**	**CMS Code**	**Staff Type**	Bladder instillation of anticarcinogenic agent (including retention time) August 2005		Bladder instillation of anticarcinogenic agent (including retention time)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD 000**			**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**47.0**	**11.0**	**51.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**8.0**	**8.0**	**5.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**39.0**	**0.0**	**46.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**3.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**	**4**	**4**	**5**	
13	Coordinate pre-surgery services	**L037D**	**RN/LPN/MTA**				
14	Schedule space and equipment in facility	**L037D**	**RN/LPN/MTA**				
15	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**	**4**	**4**		
16	Follow-up phone calls & prescriptions	**L037D**	**RN/LPN/MTA**				
17	Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L037D**	**RN/LPN/MTA**	**3**		**3**	
22	Obtain vital signs	**L037D**	**RN/LPN/MTA**	**5**		**3**	
23	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**				
24	Prepare room, equipment, supplies	**L037D**	**RN/LPN/MTA**	**7**		**2**	
25	Setup scope (non facility setting only)	**L037D**	**RN/LPN/MTA**				
26	Prepare and position patient/ monitor patient/ set up IV	**L037D**	**RN/LPN/MTA**	**2**		**2**	
27	Sedate/apply anesthesia	**L037D**	**RN/LPN/MTA**				
28	Other Clinical Activity - specify: Mixing BCG. Turn on, cleaning prepare BCG	**L037D**	**RN/LPN/MTA**			**18**	
29	**Intra-service**						
30	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**6**		**5**	
31	Assist physician/moderate sedation (% of physician time)	**L037D**	**RN/LPN/MTA**				
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)			**5**			
35	Monitor pt. (No multi-tasking)					**5**	
36	Clean room/equipment by physician staff			**3**		**3**	
37	Clean Scope						
38	Clean Surgical Instrument Package						
39	Complete diagnostic forms, lab & X-ray requisitions			**3**			
40	Review/read X-ray, lab, and pathology reports						
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**5**		**5**	
42	Other Clinical Activity - *specify:*						
43	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
46	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code 51720**		**CPT Code 51720**	
3	**Meeting Date: January 2016** **Tab:** **Specialty: Urology**	**CMS Code**	**Staff Type**	Bladder instillation of anticarcinogenic agent (including retention time) August 2005		Bladder instillation of anticarcinogenic agent (including retention time)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD 000**			**000**	**000**	**000**	**000**
47	**POST-SERVICE Period**						
48	**Start: Patient leaves office/facility**						
49	Conduct phone calls/call in prescriptions				**3**		
50	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
51	99211 16 minutes		16				
52	99212 27 minutes		27				
53	99213 36 minutes		36				
54	99214 53 minutes		53				
55	99215 63 minutes		63				
56	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
57	Other Clinical Activity - *specify:*						
58	**End: with last office visit before end of global period**						
59	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
60	pack, minimum multi-specialty visit	SA048	pack	**1**		1	
61	tray, catheter insertion (w-o catheter)	SA063	tray			1	
62	cap, surgical	SB001	item	**1**		2	
63	gloves, sterile	SB024	item	**1**		2	
64	gown,staff,inpervious	SB027	item	**1**		2	
65	mask, surgical, with face shield	SB034	item	**1**		2	
66	shoe covers, surgical	SB039	item	**1**		2	
67	needle, 18-27g	SB029	item	**1**		1	
68	syringe 10-12ml	SC051	item	**1**		1	
69	catheter, straight	SD030	item	**1**		1	
70	swab-pad, alcohol	SJ053	item	**2**		2	
71	sanitizing cloth-wipe, (patient)	SM021	item	**5**		5	
72	**EQUIPMENT**	**CODE**					
73	hood, ventilator with blower	EP019		**42**		**18**	
74	table, power	EF031		**42**		**28**	
75							
76							
77							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Electromyography Studies (EMG)

In the Final Rule for 2016 CMS re-ran the screen for 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. CPT code 51784 *Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique* was identified via this screen.

The RUC reviewed the survey results from 80 physicians and determined that the survey median work RVU of 0.75 appropriately accounts for the work required to perform CPT code 51784. The RUC recommends 15 minutes pre-service time, 20 minutes intra-service time and 10 minutes immediate post-service time. The RUC noted that while the survey times are nearly identical to the current times, the median survey work RVU is less than half of the current work RVU (1.53). The specialty confirmed and the RUC agreed that with 80 survey respondents, the survey is valid and an appropriate sample of the physicians who perform this service. The RUC noted that while this value results in a low IWPUT, the intensity of this procedure is low and compares well to other codes with similar physician time and work: 11310 *Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less* (work RVU= 0.80 and 20 minutes intra-service time) and 43752 *Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)* (work RVU= 0.81 and 20 minutes intra-service time). **The RUC recommends a work RVU of 0.75 for CPT code 51784.**

Practice Expense
The Practice Expense Subcommittee recommended the following modification: eliminated duplicative clinical staff time because this service is typically performed with another service, added a couple minutes for consent, deleted some supplies and corrected the equipment minutes. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	000	0.75

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:51784 Tracking Number Original Specialty Recommended RVU: **0.75**
Presented Recommended RVU: **0.75**
Global Period: 000 RUC Recommended RVU: **0.75**

CPT Descriptor: Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 63- year-old patient presents with complaints of urinary symptoms. An EMG is performed to determine urinary sphincter activity in order to guide additional therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Obtain and review records or previous history, laboratory studies and urologic x-rays before the procedure; Communicate with the patient to explain the procedure, operative risks and benefits and to obtain informed consent; Positioning, prep and drape the patient, and scrub; Prepare and check needed equipment for surgery or procedure and any other non "skin-to-skin" work in the operating room or procedure suite. Calibrate electronic equipment.

Description of Intra-Service Work: Place self-adhesive electrodes perianally to determine whether the muscles are coordinated during filling and voiding. Read the graphic recordings measuring electromyography (EMG) activity during a series of filling and voiding trails. Ensure the signal is reliable at all times by replacing electrodes as necessary. Interpret the level of activity and determines whether the muscle activity is increasing and decreasing at appropriate times.

Description of Post-Service Work: All post procedure care on the day of the procedure, communication with the patient and/or family and referring physician (including written and telephone reports), and other non "skin-to-skin" work in the procedure suite; Coordinate other follow-up care, prescriptions before the patient is discharged, if applicable. Review, interpret and dictate results of the diagnostic study.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Thomas Turk, MD, James Dupree, MD, Phil Wise, MD, Daniel Rukstalis, MD, Mitchell Schuster, MD and George Hill, MD		
Specialty(s):	Urology, Obstetrics/Gynecology		
CPT Code:	51784		
Sample Size:	3341	**Resp N:** 80	**Response:** 2.3 %
Description of Sample:	AUA - 1000 random selected US/MD members ACOG – 1000 randomly selected US/MD members AUGS – Research Subcommittee approved targeted sample. Survey was sent to urogynecology subspecialty – 1341 US/MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	12.00	**30.00**	92.00	1000.00
Survey RVW:	0.10	0.50	**0.75**	1.23	75.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	0.00	10.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	51784	**Recommended Physician Work RVU: 0.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**7.00**	**-2.00**
Pre-Service Positioning Time:		**5.00**	**0.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**1.00**	**4.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64566	000	0.60	**RUC Time**

CPT Descriptor Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
51741	XXX	0.17	**RUC Time**

CPT Descriptor Complex uroflowmetry (eg, calibrated electronic equipment)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20552	000	0.66	**RUC Time**	337,565

CPT Descriptor 1 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51705	000	0.90	**RUC Time**	132,540

CPT Descriptor 2 Change of cystostomy tube; simple

Other Reference CPT Code	Global	Work RVU	Time Source
43752	000	0.81	**RUC Time**

CPT Descriptor Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 28.7 **%**

Number of respondents who choose 2nd Key Reference Code: 21 **% of respondents:** 26.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 51784	Top Key Reference CPT Code: 64566	2nd Key Reference CPT Code: **51741**
Median Pre-Service Time	15.00	5.00	0.00
Median Intra-Service Time	20.00	5.00	5.00
Median Immediate Post-service Time	10.00	5.00	2.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**45.00**	**15.00**	**7.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.70	0.29
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.91	0.24
Urgency of medical decision making	0.39	0.24
Technical Skill/Physical Effort (Mean)		
Technical skill required	-0.04	0.38

Physical effort required	0.13	0.48
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	-0.13	-0.29
Outcome depends on the skill and judgment of physician	0.48	0.14
Estimated risk of malpractice suit with poor outcome	-0.04	-0.10

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.35	0.24

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The American Urological Association (AUA) and the American Congress of Obstetrics and Gynecology (ACOG) jointly surveyed 51784. The AUA requested a random sample of approximately 1000 urologists from its general membership database and ACOG requested 1000 members from their general membership database. The American Urogynecologic Society (AUGS) a subset of ACOG, requested 1341 members from their general database. Since this is recognized as a targeted subset, the use of the subset of urogynecologists was approved by the Research Subcommittee on October 20, 2015. The survey was sent to 3,341 individuals and of those individuals, the societies received a combined number of 80 responses for a response rate of 2.3%.

In 2014, 167,174 of these procedures were performed in the Medicare population so the number of responses to this survey meets the RUC criteria of 30 respondents as the minimum survey sample size for this code.

Both societies reviewed the results and the respondents stated that the median service time was 20 minutes to complete this procedure. The current intraservice time is 20 minutes as well, so there was no decrease in intraservice time.

This procedure is performed in an office setting 98.95% of the time and is so a pre-service time package of 6A was selected by the expert panels. Five minutes of positioning time is required for the patient to be adequately positioned in the dorsal lithotomy position and prepped with placement of multiple electrodes placed in the anal or urethral sphincter and also a ground electrode placed on the knee.

The current work RVU is 1.53. The median work value from the survey is 0.75 and the 25th percentile of work RVU is 0.50. The expert panels for both societies both agree that the median RVU of 0.75 is appropriate for CPT code 51784.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Patients who present with specific clinical situations may require a battery of diagnostic testing to determine the proper diagnosis. The components of the testing are different and determined by the physician based on the clinical situation specific to the patient and their presenting problems. The tests perfromed are required ro evaluate the urethra and bladder as a part of the urodynamics study.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See table at end of SOR

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 51784

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Commonly

Specialty Obstetrics/Gynecology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National Data is not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 167,174 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Claims data from RUC Database

Specialty Urology Frequency 111706 Percentage 66.82 %

Specialty Obstetrics/Gynecology Frequency 39002 Percentage 23.33 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 51784

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

Question #2: Procedures reported with several CPT codes. (Not all CPT codes are reported during an encounter) Components of the testing are reported based on clinical situations. Codes billed together are subject to multiple procedure reduction if appropriate.

CPT Code	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time	Multiple Procedure Reduction	50% RVU
51726	Complex cystometrogram (ie, calibrated electronic equipment);	000	1.71	25	30	15	N	
51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique	000	2.11	20	35	10	N	
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	000	2.11	20	35	10	N	
51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique	000	2.51	20	40	15	N	

51741	Complex uroflowmetry (eg, calibrated electronic equipment)	000	0.17	0	5	2	Y	0.085
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	ZZZ	0.80	0	15	0	Y	0.40
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	XXX	0	0	0	0	N	

SS Rec Summary

ISSUE: 51784 Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique

TAB:

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming		0.075			0.60			15	5					5			5																		
2nd REF	51741	Complex uroflowmetry (eg, calibrated electronic equipment)		0.025			0.17			7						5			2																		
CURRENT	51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique		0.054			1.53			40	10					20			10																		
SVY	51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	80	0.013	0.10	0.50	0.75	1.23	75.00	45	5	5	5	0	10	20	30	60	10																		
REC	51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	80	0.013			0.75			45	5	5	5			20			10																		

32,33,34,35,36
Tab Numbers

Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
Issue

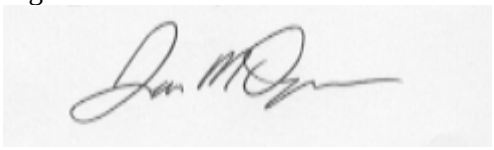
51784, 52000, 51700-51703, 51720 and 55700
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature



James Dupree, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

32,33,34,35,36
Tab Numbers

Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
Issue

51784, 52000, 51700-51703, 51720 and 55700
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Signature



Daniel Rukstalis, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

32,33,34,35,36
Tab Numbers

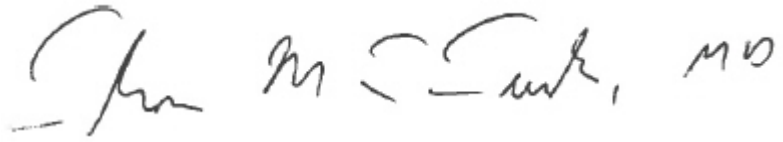
Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
Issue

51784, 52000, 51700-51703, 51720 and 55700
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Signature

Thomas Turk, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

32,33,34,35,36
Tab Numbers

Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
Issue

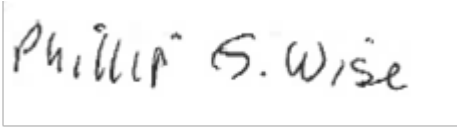
51784, 52000, 51700-51703, 51720 and 55700
Code Range

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Signature



Phil Wise, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

Tab #12
Tab #18
Tab #34
Tab #35
Tab #37
Tab Number

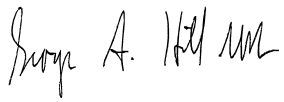
Partial Exchange Transfusion
Laparoscopic Radiofrequency Ablation of Uterine Fibroids
Electromyography Studies
Cystourethroscopy
Hysteroscopy
Issue

36460
585X1
51784
52000
58555-58563
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

George A. Hill, MD
Printed Signature

American Congress of Obstetricians and Gynecologists (ACOG)
Specialty Society

December 14, 2015
Date

CPT Code: 51784
Specialty Society('s) American Urological Association (AUA)
American College of Obstetrics/Gynecology (ACOG)
American Urogynecologic Society (AUGS)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique

Global Period: 000 Meeting Date: January 13-16, 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The recommendations were developed by a Panel consisting of six physicians who represents urologic and gynecologic practices from across the United States in single specialty groups in suburban and urban settings. They represent the states of Washington, Illinois, Florida and North Carolina. The panel reviews current information, makes recommendations and these recommendations are submitted to the AMA.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

51784 Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic and referral forms
- Coordinate pre-service surgery services
- Schedule space and equipment in facility
- Provide pre-service education/obtain consent

Intra-Service Clinical Labor Activities:

- None

Post-Service Clinical Labor Activities:

- Follow-up phone calls and prescriptions

CPT Code: 51784
Specialty Society('s): American Urological Association (AUA)
American College of Obstetrics/Gynecology (ACOG)
American Urogynecologic Society (AUGS)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique

Global Period: 000 Meeting Date: January 13-16, 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

   The recommendations were developed by a Panel consisting of nine physicians who represents urologic and gynecologic practices from across the United States in single specialty groups in suburban and urban settings. The panel reviews current information, makes recommendations and these recommendations are submitted to the AMA.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT Code 51784: Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique was the key reference code that was selected from survey respondents.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: 51784 was a Harvard code and has not been reviewed by the RUC since its implementation. In reviewing the old Harvard medical supplies, we identified 1 erroneous line. For line 65, we would recommend two alcohol swab pads. The alcohol pads are used to ensure an adequate connection of the electrode pads to the skin. A solid connection is required for an accurate reading. The electrodes are first placed on the anus and one alcohol pad is required to clean the anus before the pads are placed. A second alcohol pad is required to clean the knee for the grounding electrode, since the pad used on the anus is not to be wiped on the knee. For line 61, additional set of sterile gloves are necessary to perform this procedure.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The specialties recommend extensive use of clinical staff time.

Intra-Service Clinical Labor Activities:

- Charts are reviewed by clinical staff to verify that correct procedure is ordered for the patient.
- Room is prepared and exam table is covered with paper.
- Patients are greeted and a gown is provided.
- Patient education and consent is obtained.
- The nursing staff reviews with patient each step of the treatment and enables patient to ask questions.
- Obtains vitals
- Sets up the equipment and sets up the supplies needed for the procedure.
- Performs a time-out with physician to make sure proper procedure and proper patient is being treated Assist the physician with positioning and padding of patient in the dorsal lithotomy position.
- Assist the physician with the preparation and draping of the patient.
- Assist the physician with the anesthesia prior to the procedure.

- Clinical staff person hands supplies and equipment to the physician during procedure.
- Assist the physician with removing padding and repositioning patient after procedure.

Post-Service Clinical Labor Activities:

- Clean the room and disinfect equipment in proper sterilizing equipment and according to sterilization protocols.
- Provide follow up information to patient.
- Discuss any adverse reaction at insertion site.
- Confers with the MD verbally for any last minute instructions for patient.
- Next appointment is set up for patient while checking out.

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code 51784**		**CPT Code 51784**		**CPT Code #**	
3	**Meeting Date: January 13-16, 2016** **Tab:** **Specialty: Urology, Obstretrics/Gynecology**	**CMS Code**	**Staff Type**	Electromyography study (EMG) of anal or urethral sphincter, other than needle, any technique January 2003		Electromyography study (EMG) of anal or urethral sphincter, other than needle, any technique		CPT CODE DESCRIPTOR	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD 000**			**000**	**000**	**000**	**000**		
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**91.0**	**0.0**	**27.0**	**0.0**	**0.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**22.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**69.0**	**0.0**	**27.0**	**0.0**	**0.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**	**5**					
13	Coordinate pre-surgery services	**L037D**	**RN/LPN/MTA**	**5**					
14	Schedule space and equipment in facility	**L037D**	**RN/LPN/MTA**						
15	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**	**5**					
16	Follow-up phone calls & prescriptions	**L037D**	**RN/LPN/MTA**	**7**					
17	Other Clinical Activity - *specify:*								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L037D**	**RN/LPN/MTA**	**6**					
22	Obtain vital signs	**L037D**	**RN/LPN/MTA**	**3**					
23	Provide pre-service education/obtain consent					**3**			
24	Prepare room, equipment, supplies	**L037D**	**RN/LPN/MTA**	**10**		**2**			
25	Setup scope (non facility setting only)								
26	Prepare and position patient/ monitor patient/ set up IV	**L037D**	**RN/LPN/MTA**	**7**		**2**			
27	Sedate/apply anesthesia								
28	Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**20**		**20**			
31	Assist physician/moderate sedation (% of physician time)								
32	**Post-Service**								
33	Monitor pt. following moderate sedation								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)			**5**					
35	Clean room/equipment by physician staff	**L037D**	**RN/LPN/MTA**	**10**					
36	Clean Scope								
37	Clean Surgical Instrument Package								
38	Complete diagnostic forms, lab & X-ray requisitions			**3**					
39	Review/read X-ray, lab, and pathology reports								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions			**5**					
41	Other Clinical Activity - *specify:*								
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**								

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code 51784**		**CPT Code 51784**		**CPT Code #**	
3	**Meeting Date: January 13-16, 2016** **Tab:** **Specialty: Urology, Obstretrics/Gynecology**	**CMS Code**	**Staff Type**	Electromyography study (EMG) of anal or urethral sphincter, other than needle, any technique January 2003		Electromyography study (EMG) of anal or urethral sphincter, other than needle, any technique		CPT CODE DESCRIPTOR	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD 000**			**000**	**000**	**000**	**000**		
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
48	Conduct phone calls/call in prescriptions								
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16						
51	99212 27 minutes		27						
52	99213 36 minutes		36						
53	99214 53 minutes		53						
54	99215 63 minutes		63						
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
56	Other Clinical Activity - *specify:*								
57	**End: with last office visit before end of global period**								
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**						
59	pack, minimum multi-specialty visit	SA048	pack	**1**					
60	pack, urology cystoscopy visit	SA058	pack	**1**					
61	gloves, non-sterile	SB022	pair						
62	underpad 2ft X 3ft (Chux)	SB044	item	**3**		3			
63	electrode, surface	SD062	item	**3**		3			
64	tape, surgical paper 1in (Micropore)	SG079	item	**12**		12			
65	swab-pad, alcohol	SJ053	item	**1**		2			
66	patient education booklet	SK062	item	**1**		1			
67	**EQUIPMENT**	**CODE**							
68	table, power	EF031		**69**		**27**			
69	urodynamics system, 6-channel, w-video	EQ258		**69**		**24**			
70									
71									
72									

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Cystourethroscopy

In the Final Rule for 2016, CMS re-ran the screen for 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. CPT code 52000 *Cystourethroscopy (separate procedure)* was identified via this screen.

The RUC reviewed the survey responses from 162 physicians and determined that the survey 25th percentile work RVU of 1.75 appropriately accounts for the work required to perform CPT 52000. The RUC recommends 20 minutes pre-service time, 10 minutes intra-service time and 10 minutes immediate post-service time. The RUC noted that the decrease in intra-service time by 5 minutes from when it was last surveyed directly correlates to the recommended reduction in the work RVU. The RUC compared the surveyed code to the top key reference service 52005 *Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;* (work RVU = 2.37 and 30 minutes intra-service time) and noted that the physician time, work and intensity and complexity required to perform 52005 is much greater, thus the recommended RVU is appropriate. The RUC compared the surveyed code to the second key reference service 57420 *Colposcopy of the entire vagina, with cervix if present;* (work RVU = 1.60 and 19 minutes intra-service time) and noted the physician time is slightly higher, but the survey respondents indicated that CPT code 52000 is slightly more intense and complex to perform for all measures (mental effort, technical skill and psychological stress) and thus is appropriately valued slightly higher than 57420. For additional support the RUC referenced MPC code 54150 *Circumcision, using clamp or other device with regional dorsal penile or ring block* (work RVU = 1.90 and 15 minutes intra-service time) and similar service 53620 *Dilation of urethral stricture by passage of filiform and follower, male; initial* (work RVU = 1.62 and 10 minutes intra-service time). **The RUC recommends a work RVU of 1.75 for CPT code 52000.**

Practice Expense
The Practice Expense Subcommittee made substantial reductions in pre-service clinical staff time and eliminated duplicative staff time as this service is typically reported with another procedure or Evaluation and Management service. The clinical staff time for cleaning the room was maintained because typically a different room is used for cystourethroscopy. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
52000	Cystourethroscopy (separate procedure)	000	1.75

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:52000 Tracking Number Original Specialty Recommended RVU: **2.00**
Presented Recommended RVU: **1.75**
Global Period: 000 RUC Recommended RVU: **1.75**

CPT Descriptor: Cystourethroscopy (separate procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old patient presents with gross hematuria. A diagnostic cystourethroscopy is performed to evaluate the bladder.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 53%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 12%

Description of Pre-Service Work: Check video equipment; Check schedule for following day; Be sure necessary instruments and personnel will be available; Check with scheduling staff to see if patient was notified; Review laboratory studies; Be sure necessary imaging studies are available for review at time of planned procedure. Change into scrub clothes; Review surgical procedure, post-op recovery with patient and family; Answer patient and family questions, be sure informed consent is in record; Evaluate patient need for antibiotics; Take "time out" for patient identification; Position patient in dorsal lithotomy position on cystoscopy table; Prep and drape patient. Inject local anesthetic jelly into the urethra; Assemble endoscopic equipment, connect video system, apply defogger to lenses & video source; Connect irrigation source; Connect light source and white balance.

Description of Intra-Service Work: Insert endoscope into urethra; Inspect relevant urethral anatomy; Inspect external urinary sphincter; Assess the bladder neck; Inspect trigone; Identify the ureteral orifices (size, location); Check for efflux of urine from each ureteral orifice; Inspect the bladder mucosa (trabeculation, cellules, diverticuli, lesions, stones); Assess bladder capacity, compliance and sensation; Retroflex scope if flexible to inspect the dome of bladder; Drain bladder; Remove endoscope

Description of Post-Service Work: Disconnect video equipment and light source, assist in transfer of patient from cystoscopy table; Assist in transfer of patient to recovery area; Conduct post-op pain assessment; Write post-op orders/prescriptions; Discuss procedure and findings with patient; Communicate findings to referring physician (verbal, text, email); Fill out and complete bladder mapping diagram; Dictate detailed operative narrative; Enter note in EMR; Schedule follow-up appointment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Thomas Turk, MD, James Dupree, MD, Phil Wise, MD, Daniel Rukstalis, MD, George Hill, MD, Mitchell Schuster, MD		
Specialty(s):	Urology and Obstetrics/Gynecology		
CPT Code:	52000		
Sample Size:	3341	**Resp N:** 162	**Response:** 4.8 %
Description of Sample:	AUA - 1000 random selected US/MD members ACOG – 1000 randomly selected US/MD members AUGS – Survey was sent to urogynecology subspecialty – 1341 US/MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	50.00	**100.00**	250.00	1000.00
Survey RVW:	0.17	1.75	**2.00**	2.30	5.63
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	3.00	7.00	**10.00**	15.00	120.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	52000	**Recommended Physician Work RVU: 1.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**17.00**	**-7.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52005	000	2.37	**RUC Time**

CPT Descriptor Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
57420	000	1.60	**RUC Time**

CPT Descriptor Colposcopy of the entire vagina, with cervix if present;

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54150	000	1.90	**RUC Time**	208

CPT Descriptor 1 Circumcision, using clamp or other device with regional dorsal penile or ring block

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36556	000	2.50	**RUC Time**	467,977

CPT Descriptor 2 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

Other Reference CPT Code	Global	Work RVU	Time Source
62310	000	1.91	**RUC Time**

CPT Descriptor Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 60 **% of respondents:** 37.0 **%**

Number of respondents who choose 2nd Key Reference Code: 47 **% of respondents:** 29.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 52000	Top Key Reference CPT Code: 52005	2nd Key Reference CPT Code: **57420**
Median Pre-Service Time	20.00	29.00	14.10
Median Intra-Service Time	10.00	30.00	18.50
Median Immediate Post-service Time	10.00	20.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**40.00**	**79.00**	**42.60**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.07	0.83
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.03	0.62
Urgency of medical decision making	-0.03	0.36
Technical Skill/Physical Effort (Mean)		
Technical skill required	-0.38	0.72

Physical effort required	-0.25	0.09

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.38	0.62
Outcome depends on the skill and judgment of physician	-0.05	0.45
Estimated risk of malpractice suit with poor outcome	-0.03	0.34

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**

Time Segment (Mean)

Overall intensity/complexity	-0.28	0.66

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The American Urological Association (AUA) and the American Congress of Obstetrics and Gynecology (ACOG) jointly surveyed 52000. The AUA requested a random sample of approximately 1000 urologists from its general membership database and ACOG requested 1000 members from their general membership database. The American Urogynecologic Society (AUGS) a subset of ACOG, requested 1341 members from their general database. Since this is recognized as a targeted subset, the use of the subset of urogynecologists was approved by the Research Subcommittee on October 20, 2015. The survey was sent to 3,341 individuals and of those individuals, the societies received a combined number of 162 responses for a response rate of 4.8%.

In 2014, 919,548 of these procedures were performed in the Medicare population so the number of responses to this survey meets the RUC criteria of 50 respondents as the minimum survey sample size for this code.

Both societies reviewed the results and the respondents stated that the median service time was now 10 minutes to complete this procedure. The current intraservice time is 15 minutes which reduces the intraservice time by 5 minutes.

This procedure is performed in an office setting 76.86% of the time and is so a pre-service time package of 6A was selected by the expert panels. Five minutes of positioning time is recorded for the patient to be placed in the dorsal lithotomy position. The time has been established to be standard of care for positioning of patients during urologic procedures in the dorsal lithotomy position.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 52000

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Commonly

Specialty Obstetrics/Gynecology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data is not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 919,548 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Claims data from RUC database

Specialty Urology Frequency 885433 Percentage 96.29 %

Specialty Obstetrics/Gynecology Frequency 25839 Percentage 2.80 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 52000

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
13	**ISSUE:** 52000 Cystourethroscopy (separate procedure)																																							
14	**TAB:**																																							
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
17	1st REF	52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;		0.045			2.37			79	19	5	5			30			20																			
18	2nd REF	57420	Colposcopy of the entire vagina, with cervix if present;		0.057			1.60			42.6	14.1					19			10																			
19	CURRENT	52000	Cystourethroscopy (separate procedure)		0.113			2.23			42	10	2	5			15			10																			
20	SVY	52000	Cystourethroscopy (separate procedure)	162	0.140	0.17	1.75	2.00	2.30	5.63	40	10	5	5	3	7	10	15	120	10																			
21	REC	52000	Cystourethroscopy (separate procedure)	162	0.115			1.75			40	10	5	5			10			10																			

32,33,34,35,36
Tab Numbers

Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
Issue

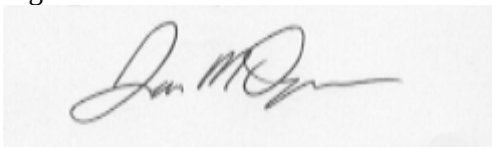
51784, 52000, 51700-51703, 51720 and 55700
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature



James Dupree, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

32,33,34,35,36
Tab Numbers

Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
Issue

51784, 52000, 51700-51703, 51720 and 55700
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Signature



Daniel Rukstalis, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

32,33,34,35,36
Tab Numbers

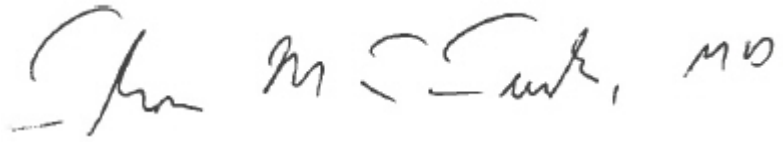
Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
Issue

51784, 52000, 51700-51703, 51720 and 55700
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Signature

Thomas Turk, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

32,33,34,35,36
Tab Numbers

Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
Issue

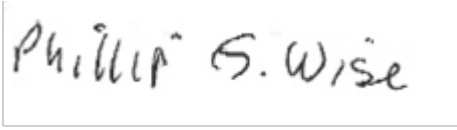
51784, 52000, 51700-51703, 51720 and 55700
Code Range

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Signature



Phil Wise, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

Tab #12
Tab #18
Tab #34
Tab #35
Tab #37
Tab Number

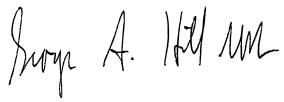
Partial Exchange Transfusion
Laparoscopic Radiofrequency Ablation of Uterine Fibroids
Electromyography Studies
Cystourethroscopy
Hysteroscopy
Issue

36460
585X1
51784
52000
58555-58563
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

George A. Hill, MD
Printed Signature

American Congress of Obstetricians and Gynecologists (ACOG)
Specialty Society

December 14, 2015
Date

CPT Code: 52000
Specialty Society('s): American Urological Association (AUA)
American College of Obstetrics/Gynecology (ACOG)
American Urogynecologic Society (AUGS)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Cystourethroscopy (separate procedure)

Global Period: 000 Meeting Date: January 13-16, 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

   The recommendations were developed by a Panel consisting of nine physicians who represents urologic and gynecologic practices from across the United States in single specialty groups in suburban and urban settings. The panel reviews current information, makes recommendations and these recommendations are submitted to the AMA.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT Code 52000 is an existing code. As such, we included the current direct practice expense inputs on the PE spreadsheet as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are recommending 'extensive use of clinical staff" for the non-facility setting to complete the procedure according to current clinical protocols for performance and clean up after procedure.

4. **If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

Line 30 Assist Physician – We are requesting clinical time equal to100% physician survey time. This is an increase from the existing 67%. We believe it is appropriate to have 100% physician time now. The specialties believe that there was an error in the PE materials at the time of the last RUC meeting. Clinical staff needs to be present to assist the physician during the entire procedure.

- Line 64 - Despite the presence of sterile gloves in the urology cystoscopy visit pack (SA058), two additional sterile gloves are needed for the RN/LPN/MTA to prepare the equipment prior to patient entry into the room and then to assist the physician when handling the sterile cystoscope.

- Line 63 – Provides a mayo stand drape by RN/LPN/MTA. After the patient is positioned and draped, the cystoscope is placed on the sterile mayo stand at the foot of the patient's bed for easy access to the light source and video equipment during the procedure.
- Line 67 provides a penile clamp that is used in male patients to ensure that the lidocaine jelly remains in the urethra to provide anesthesia to the length of the male urethra.
- Line 68 provides a Toomey syringe necessary for bladder washes for specimens sent to for cytologic examination (part of the work-up for hematuria or irritative voiding symptoms), and for removing bloody urine from the bladder to improve visualization.
- Line 69 provides lidocaine jelly that is applied directly to the length of the cystoscopy to ease passage of the cystoscope through the urethra and increase patient comfort with the procedure.
- Line 70 provides patient education brochure that is important for providing patient-centered care

Over the past 10 years, there have been vast improvements in video systems for endoscopy and a proliferation of the technology. We are recommending 28 minutes in line 76 for endoscopic video systems, a technology that was not nearly as prevalent in 2006, when this 52000 was last reviewed.

Note: We believe the supply items we are adding were inappropriately left off the supply list in 2006.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The specialties recommend extensive use of clinical staff time.

Intra-Service Clinical Labor Activities:

- Charts are reviewed by clinical staff to verify that correct procedure is ordered for the patient.
- Room is prepared and exam table is covered with paper.
- Patients are greeted and a gown is provided.
- Patient education and consent is obtained.
- The nursing staff reviews with patient each step of the treatment and enables patient to ask questions.
- Obtains vitals
- Sets up the equipment (cystoscope, video, etc.) and sets up the supplies needed for the procedure.
- Performs a time-out with physician to make sure proper procedure and proper patient is being treated
- Assist the physician with positioning and padding of patient in the dorsal lithotomy position.
- Assist the physician with the preparation and draping of the patient.

- Assist the physician with the anesthesia prior to the procedure.

- Clinical staff person hands supplies and equipment to the physician during procedure. *(100% of physician survey time)*
- Assist the physician with removing padding and repositioning patient after procedure.

- Clean the room and disinfect cystoscope in proper sterilizing equipment and according to sterilization protocols.
- Provide follow up information to patient.
- Discuss any adverse reaction at insertion site.
- Confers with the MD verbally for any last minute instructions for patient.
- Next appointment is set up for patient while checking out.

Post-Service Clinical Labor Activities:

- Follow up phone call

CPT Code: 52000
Specialty Society('s) American Urological Association (AUA)
American College of Obstetrics/Gynecology (ACOG)
American Urogynecologic Society (AUGS)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Cystourethroscopy (separate procedure)

Global Period: 000 Meeting Date: January 13-16, 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The recommendations were developed by a Panel consisting of six physicians who represents urologic and gynecologic practices from across the United States in single specialty groups in suburban and urban settings. They represent the states of Washington, Illinois, Florida and North Carolina. The panel reviews current information, makes recommendations and these recommendations are submitted to the AMA.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT Code 52000 Cystourethroscopy (separate procedure); was the key reference code that was selected from survey respondents.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic and referral forms
- Coordinate pre-service surgery services
- Schedule space and equipment in facility
- Provide pre-service education/obtain consent

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

- Follow-up phone calls and prescriptions

	A	B	C	D	E	F	G
1				CURRENT		RECOMMENDATIONS	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code 52000** *April 2006*		**CPT Code 52000**	
3	**Meeting Date:** January 13-16, 2016 **Tab:** #35 Cystourethroscopy **Specialty:** Urology, Obstretrics/Gynecology	**CMS Code**	**Staff Type**	*Cystourethroscopy* *(separate procedure)*		*Cystourethroscopy* *(separate procedure)*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD 000**						
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**82**	**33**	**58**	**9**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**18**	**30**	**6**	**9**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**61**	**0**	**52**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**3**	**3**	**0**	**0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	5	5	3	3
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	10		3
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		3
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	7	7	3	
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3		
17	Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	6			
22	Obtain vital signs	L037D	RN/LPN/MTA	3			
23	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA				
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		2	
25	Setup scope (non facility setting only)			5		5	
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2		2	
27	Sedate/apply anesthesia						
28	Other Clinical Activity - specify:						
29	**Intra-service**						
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	10		10	
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3	
36	Clean Scope	L037D	RN/LPN/MTA	30		30	
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	Other Clinical Activity - *specify:*						
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a	
45	**End: Patient leaves office**						
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3		
49	***Office visits: List Number and Level of Office Visits***			# visits	# visits	# visits	# visits
55	**Total Office Visit Time**			0	0	0	0
56	Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
59	pack, minimum multi-specialty visit	SA048	pack	1		1	
60	pack, cleaning and disinfecting, endoscope	SA042	pack	1		1	
61	pack, urology cystoscopy visit	SA058	pack	1		1	
62	drape-towel, sterile 18in X 26in	SB019	item	3			
63	drape-sterile, for Mayo stand	SB012	item			1	
64	gloves, sterile	SB024	item			1	
65	underpad, 2ft X 3ft (Chux)	SB044	item	1		1	
66	sanitizing cloth-wipe (surface, instruments and equipment)	SM022	item			4	
67	kit, scissors and clamp	SA027	kit			1	
68	syringe, Toomey	SC062	item			1	
69	lubricating jelly (K-Y) (gm uou)	SJ032	item			3	
70	patient education booklet	SK062	item	1			
71	**EQUIPMENT**	**CODE**					
72	table,instrument,mobile	EF027		58		22	
73	table,power	EF031		58		22	
74	light source, xenon	EQ167		58		22	
75	fiberscope, flexible,cystoscopy	ES018		58		49	
76	Video system, endoscopy (processor, digital capture, monitor, printer, cart)	ES031				22	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Biopsy of Prostate

In the Final Rule for 2016, CMS re-ran the screen for 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. CPT code 55700 *Biopsy, prostate; needle or punch, single or multiple, any approach* was identified via this screen.

The RUC reviewed the survey responses from 51 urologists and determined that the survey 25th percentile work RVU of 2.50 appropriately accounts for the work required to perform CPT code 55700. The RUC recommends 15 minutes pre-service time, 15 minutes intra-service time and 5 minutes immediate post-service time. The RUC noted that the intra-service time of 15 minutes indicated by the survey respondents confirms the current intra-service time of 15 minutes. The RUC compared the surveyed code to similar services 93503 *Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes* (work RVU = 2.91 and 15 minutes intra-service time) and 36556 *Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older* (work RVU = 2.50 and 15 minutes intra-service time) and the RUC determined that these services required the same intra-service time and comparable physician work. For additional support the RUC referenced MPC code 54150 *Circumcision, using clamp or other device with regional dorsal penile or ring block* (work RVU = 1.90 and 15 minutes intra-service time). **The RUC recommends a work RVU of 2.50 for CPT code 55700.**

Practice Expense
The Practice Expense Subcommittee reduced and modernized the clinical staff pre-service time and adjusted the post-service time for cleaning, added supply item *SA042 pack, cleaning and disinfecting, endoscope* and corrected the equipment minutes. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	000	2.50

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55700 Tracking Number Original Specialty Recommended RVU: **2.50**
Presented Recommended RVU: **2.50**
Global Period: 000 RUC Recommended RVU: **2.50**

CPT Descriptor: Biopsy, prostate; needle or punch, single or multiple, any approach

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male has a persistent elevation of his prostate-specific antigen (PSA) level. Multiple sector biopsies of the prostate are performed under local anesthesia. Expectations and potential finding of the biopsies are discussed.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 43%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 9%

Description of Pre-Service Work: Check schedule for following day. Be sure necessary instruments and personnel will be available. Be sure ultrasound machine is available and working. Check with scheduling staff to see if patient was notified. Review laboratory studies. Review risk factors related to post-biopsy infection and ensure appropriate prophylactic antibiotics were ordered. Review previous biopsy results. Be sure necessary imaging studies are available for review at time of planned procedure. Change into scrub clothes. Review rationale and steps of procedure and postoperative recovery with patient and family. Answer patient and family questions; be sure informed consent is documented in record. Check to be sure patient has taken enema and appropriate preoperative antibiotics. Check to be sure patient is off of anticoagulants and/or nonsteroidal anti-inflammatory medications. Check pre-procedure vital signs. Ensure ultrasound probe has been properly set up and prepared. Position patient on examination/ultrasound table. Wash hands and put on gloves.

Description of Intra-Service Work: Perform time out for patient identification. Position patient on his left side with knees flexed (for a right-handed urologist). Perform digital rectal examination and dilate the anus. Apply topical anesthetic to colonic mucosa overlying prostate and allow time for anesthetic to take effect. Introduce the transrectal probe into the rectum. Identify the relevant anatomy on the ultrasound, including the junction of the seminal vesicles. Infiltrate local anesthetic into the base of each seminal vesicle and around both sides of the prostatic capsule and at both apices of the prostate. Wait to ensure anesthetic has taken effect. Prepare the patient for sounds and sensations of the individual biopsies. Fire the biopsy gun to take the first biopsy. Remove the biopsy gun from the transrectal probe (which remains in the rectum). Remove the prostate specimen core from the biopsy needled and place on a sterile pad. Re-cock the gun and re-insert through probe for the next biopsy. Repeat this process 12 times to take a total of 12 sector biopsies from the apex, base, peripheral zone, central zone, and specific hypoechoic areas on both the right and left sides of the prostate. Place each of the 12 prostate biopsy samples in a formalin-filled container and label each container appropriately (patient

identification information and location of biopsy). Remove the rectal probe. Apply rectal pressure for an appropriate amount of time.

Description of Post-Service Work: Assist in transfer of patient from operating table to postoperative stretcher. Review recovery area care and medications with staff. Check post-procedure vital signs and manage any immediate complications. Meet with patient and/or family. Discuss the procedure, expected outcome, signs and symptoms to watch for in subsequent days, and planned postoperative care. Conduct postoperative pain assessment. Discuss with patient and/or family what the pathologist will do with the tissue and when the biopsy results will be available. Complete paperwork required for pathology specimen submission and evaluation. Call referring physician regarding outcome of procedure and any unusual aspects of postoperative care (eg, cardiac disease, diabetes management). Dictate operative report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Thomas Turk, MD, James Dupree, MD, Phil Wise, MD and Daniel Rukstalis, MD		
Specialty(s):	Urology		
CPT Code:	55700		
Sample Size:	1200	**Resp N:** 51	**Response:** 4.2 %
Description of Sample:	Random		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	3.00	25.00	**40.00**	70.00	200.00
Survey RVW:	0.76	2.50	**3.30**	4.05	7.60
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	10.00	**15.00**	20.00	40.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	55700	**Recommended Physician Work RVU: 2.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**17.00**	**-12.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52224	000	4.05	**RUC Time**

CPT Descriptor Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52287	000	3.20	**RUC Time**

CPT Descriptor Cystourethroscopy, with injection(s) for chemodenervation of the bladder

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54150	000	1.90	**RUC Time**	208

CPT Descriptor 1 Circumcision, using clamp or other device with regional dorsal penile or ring block

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31622	000	2.78	**RUC Time**	68,721

CPT Descriptor 2 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
93503	000	2.91	**RUC Time**

CPT Descriptor Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 29.4 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 15.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 55700	Top Key Reference CPT Code: 52224	2nd Key Reference CPT Code: **52287**
Median Pre-Service Time	15.00	29.00	22.00
Median Intra-Service Time	15.00	30.00	21.00
Median Immediate Post-service Time	5.00	20.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**35.00**	**79.00**	**58.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.80	1.25
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.60	0.75
Urgency of medical decision making	0.20	0.25
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.73	0.38
Physical effort required	0.73	0.25

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.73	1.25
Outcome depends on the skill and judgment of physician	0.60	0.38
Estimated risk of malpractice suit with poor outcome	0.47	1.00

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.00	0.88

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The American Urological Association (AUA) surveyed CPT code 55700. The AUA requested a random sample of approximately 1200 urologists from our general membership database. The survey was sent to 1,200 individuals and of those individuals, 51 responses were received for a response rate of 4.2%. In 2014, 132,923 of these procedures were performed in the Medicare population so the number of responses to this survey meets the RUC criteria of 50 respondents as the minimum survey sample size for this code.

The AUA's Expert Panel reviewed the results and the respondents stated that the median service time was 15 minutes to complete this procedure which did not change from the intraservice time in 2005 which was 15 minutes.

This procedure is performed in an office setting 69.08% of the time and is so a pre-service time package of 6A was selected by the expert panels. The panel also believes that five minutes of positioning time is required for the patient to be placed in the left lateral decubitus position.

The current work RVU is 2.58. The median work value from the survey is 3.30 and the 25th percentile of work RVU is 2.50. The expert panel agreed that the 25th percentile RVU of 2.50 is appropriate for CPT code 55700 since this procedure has not changed since last surveyed in 2005.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
☐ Multiple codes are used to maintain consistency with similar codes.
☐ Historical precedents.
☒ Other reason (please explain) This procedure can be billed with a transrectal ultrasound (76872) prior to the biopsy as a diagnostic tool to evaluate the size and symmetry of the prostate. It can also be used to look for suspicious lesions or hypoechoic areas. Depending on the results of the transrectal ultrasound, the physician may or may not proceed with the prostate biopsy. If a prostate biopsy is required, the 76942 is billed to report the ultrasonic guidance for needle placement in the prostate to obtain tissue specimens.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. See table at end of SOR

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 55700

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Commonly

Specialty Diagnostic Radiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data is not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 132,923 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Claims Data from the RUC Database

Specialty Urology Frequency 130331 Percentage 98.04 %

Specialty Diagnostic Radiology Frequency 798 Percentage 0.60 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 55700

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

Question #2: Procedures reported with several CPT codes.

CPT Code	Descriptor	Global	Work RVU	Pre Time	Intra Time	Post Time
76872	Ultrasound, transrectal;	XXX	0.69	10	15	10
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	XXX	0.67	7	15	5

SS Rec Summary

ISSUE: 55700 Biopsy, prostate; needle or punch, single or multiple, any approach

TAB:

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy		0.101			4.05			79	19	5	5			30			20																			
2nd REF	52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder		0.120			3.20			58	7	5	10			21			15																			
CURRENT	55700	Biopsy, prostate; needle or punch, single or multiple, any approach		0.102			2.58			65	20	5	5			15			20																			
SVY	55700	Biopsy, prostate; needle or punch, single or multiple, any approach	51	0.195	0.76	2.50	3.30	4.05	7.60	35	5	5	5	5	10	15	20	40	5																			
REC	55700	Biopsy, prostate; needle or punch, single or multiple, any approach	51	0.142	2.50					35	5	5	5			15			5																			

32,33,34,35,36
Tab Numbers

Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
Issue

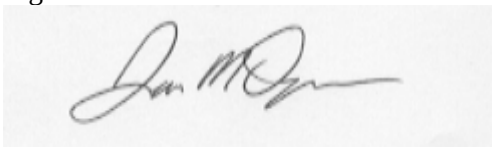
51784, 52000, 51700-51703, 51720 and 55700
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature



James Dupree, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

32,33,34,35,36
Tab Numbers

Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
Issue

51784, 52000, 51700-51703, 51720 and 55700
Code Range

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Signature



Daniel Rukstalis, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

32,33,34,35,36
Tab Numbers

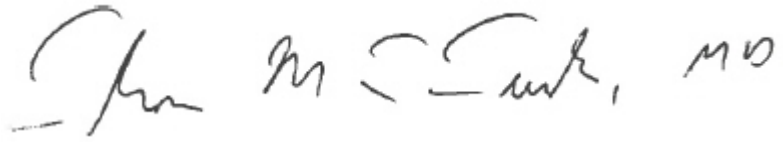
Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
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Signature

Thomas Turk, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

32,33,34,35,36
Tab Numbers

Electromyography Studies, Cystourethroscopy, Bladder Catheter, Treatment of Bladder Lesion and Biopsy of Prostate
Issue

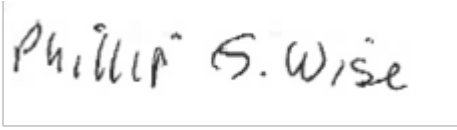
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Signature



Phil Wise, MD
Printed Signature

American Urological Association
Specialty Society

December 15, 2015
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Biopsy, prostate; needle or punch, single or multiple, any approach

Global Period: 000 Meeting Date: January 13-16, 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The recommendations were developed by a Panel consisting of six physicians who represents urologic practices from across the United States in single specialty groups in suburban and urban settings. They represent the states of Washington, Illinois, Florida and North Carolina. The panel reviews current information, makes recommendations and these recommendations are submitted to the AMA.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT Code 55700 Biopsy, prostate; needle or punch, single or multiple, any approach ; was the key reference code that was selected from survey respondents.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic and referral forms
- Coordinate pre-service surgery services
- Schedule space and equipment in facility
- Provide pre-service education/obtain consent

Intra-Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

- Follow-up phone calls and prescriptions

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor: Biopsy, prostate; needle or punch, single or multiple, any approach

Global Period: 000 Meeting Date: January 13-16, 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

   The recommendations were developed by a Panel consisting of six physicians who represents urologic practices from across the United States in single specialty groups in suburban and urban settings. They represent the states of Washington, Illinois, Florida and North Carolina. The panel reviews current information, makes recommendations and these recommendations are submitted to the AMA.

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CPT Code 55700 Biopsy, prostate; needle or punch, single or multiple, any approach; was the key reference code that was selected from survey respondents.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

This is a sterile procedure, these items were inadvertently omitted in the previous survey of 2001. Lines added to PE spreadsheet are numbered below:

69. sterile drape for Mayo stand
72. having a fully "informed patient" is mandatory
73. necessary to lubricate the probe before placing through the anal sphincter and into the rectum
75. necessary to preserve the specimens
76. contains the formalin in which to place the specimens

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

- Charts are reviewed by clinical staff to verify that correct procedure is ordered for the patient.
- Room is prepared and exam table is covered with paper.
- Patients are greeted and a gown is provided.
- Patient education and consent is obtained.
- The nursing staff reviews with patient each step of the treatment and enables patient to ask questions.
- Obtains vitals
- Sets up the equipment and sets up the supplies needed for the procedure.
- Performs a time-out with physician to make sure proper procedure and proper patient is being treated.
- Assist the physician with positioning and padding of patient in the left lateral decubitus position.
- Assist the physician with the preparation and draping of the patient.
- Assist the physician with the anesthesia prior to the procedure.

- Clinical staff person hands supplies and equipment to the physician during procedure.
- Assist the physician with removing padding and repositioning patient after procedure.

Post-Service Clinical Labor Activities:

- Clean the room and disinfect equipment in proper sterilizing equipment and according to sterilization protocols.
- Provide follow up information to patient.
- Discuss any adverse reaction at insertion site.
- Confers with the MD verbally for any last minute instructions for patient.
- Next appointment is set up for patient while checking out.

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code 55700**		**CPT Code 55700**	
3	**Meeting Date: January 2016** **Tab: 36** **Specialty: Urology**	**CMS Code**	**Staff Type**	Biopsy, prostate; needle or punch, single or multiple, any approach - February 2001		Biopsy, prostate; needle or punch, single or multiple, any approach	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD 000**			**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**92.0**	**23.0**	**65.0**	**12.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**19.0**	**20.0**	**3.0**	**12.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**73.0**	**0.0**	**62.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**0.0**	**3.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms	**L037D**	**RN/LPN/MTA**	**4**	**5**	**3**	**3**
13	Coordinate pre-surgery services	**L037D**	**RN/LPN/MTA**		**5**		**3**
14	Schedule space and equipment in facility	**L037D**	**RN/LPN/MTA**				**3**
15	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**	**15**	**10**		**3**
16	Follow-up phone calls & prescriptions	**L037D**	**RN/LPN/MTA**				
17	Other Clinical Activity - *specify:*	**L037D**	**RN/LPN/MTA**				
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L037D**	**RN/LPN/MTA**	**3**		**3**	
22	Obtain vital signs	**L037D**	**RN/LPN/MTA**	**3**		**3**	
23	Provide pre-service education/obtain consent	**L037D**	**RN/LPN/MTA**			**3**	
24	Prepare room, equipment, supplies	**L037D**	**RN/LPN/MTA**	**12**		**2**	
25	Setup scope (non facility setting only)	**L037D**	**RN/LPN/MTA**	**7**			
26	Prepare and position patient/ monitor patient/ set up IV	**L037D**	**RN/LPN/MTA**			**2**	
27	Sedate/apply anesthesia	**L037D**	**RN/LPN/MTA**				
28	Other Clinical Activity - specify:	**L037D**	**RN/LPN/MTA**				
29	**Intra-service**						
30	Assist physician in performing procedure	**L037D**	**RN/LPN/MTA**	**17**		**15**	
31	Coordination of care by staff in office	**L037D**	**RN/LPN/MTA**				
32	Assist physician/moderate sedation (% of physician time)						
33	**Post-Service**						
34	Monitor pt. following moderate sedation	**L037D**	**RN/LPN/MTA**				
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)			**5**			
36	Monitor pt. (No multi-tasking)	**L037D**	**RN/LPN/MTA**			**5**	
37	Clean room/equipment by physician staff	**L037D**	**RN/LPN/MTA**	**5**		**3**	
38	Clean Scope	**L037D**	**RN/LPN/MTA**				
39	Clean Surgical Instrument Package	**L037D**	**RN/LPN/MTA**			**10**	
40	Complete diagnostic forms, lab & X-ray requisitions	**L037D**	**RN/LPN/MTA**	**6**		**6**	
41	Review/read X-ray, lab, and pathology reports	**L037D**	**RN/LPN/MTA**				
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	**RN/LPN/MTA**	**15**		**10**	
43	Other Clinical Activity - *specify:*						
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
47	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**CPT Code 55700**		**CPT Code 55700**	
3	**Meeting Date: January 2016** **Tab: 36** **Specialty: Urology**	**CMS Code**	**Staff Type**	Biopsy, prostate; needle or punch, single or multiple, any approach - February 2001		Biopsy, prostate; needle or punch, single or multiple, any approach	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD 000**			**000**	**000**	**000**	**000**
48	**POST-SERVICE Period**						
49	**Start: Patient leaves office/facility**						
50	Conduct phone calls/call in prescriptions				**3**		
51	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
52	99211 16 minutes		16				
53	99212 27 minutes		27				
54	99213 36 minutes		36				
55	99214 53 minutes		53				
56	99215 63 minutes		63				
57	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
58	Other Clinical Activity - *specify:*						
59	**End: with last office visit before end of global period**						
60	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
61	pack, minimum multi-specialty visit	SA048	pack	**1**		1	
62	pack, cleaning and disinfecting, endoscope	SA042	pack			1	
63	drape-towel, sterile 18in X 26in	SB019	item			3	
64	gloves, sterile	SB024	item			2	
65	underpad, 2ft X 3ft (Chux)	SB044	item			1	
66	cover-condom, transducer or ultrasound probe	SB005	item	**2**			
67	needle, biopsy for breast-prostate core sample	SC032	item	**1**		1	
68	needle, spine, Sprotte	SC042	item	**1**		1	
69	syringe, 20ml	SC053	item	**1**		1	
70	gauze, sterile 4in X 4in	SG055	item	**4**		4	
71	drape-sterile, for Mayo stand	SB012	item			1	
72	sanitizing cloth-wipe (surface, instruments and equipment)	SM022	item			1	
73	swab-pad, alcohol	SJ053	item			2	
74	patient education booklet	SK062	item			1	
75	lubricating jelly (K-Y) (gm uou)	SJ032	item			0	
76	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**50**		50	
77	formalin	SL072	ml			708	
78	cup,biopsy - specimen, sterile 4oz	SL034	item			6	
79	**EQUIPMENT**	**CODE**					
80	table, power	EF031		**76**		**52**	
81	table,instrument,mobile	EF027				**52**	
82	Biopsy Guide	New				**47**	
83							
84							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Hysteroscopy

In the NPRM for 2016 CMS re-ran the screen for 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. CPT code 58558 was identified by this screen and 58559-58563 were included as part of the family. These services were presented for review of physician work and practice expense at the January 2016 RUC meeting.

58555 ***Hysteroscopy, diagnostic***
The RUC reviewed the survey results from 61 practicing gynecologists and agreed with the following time components: pre-service time of 56 minutes, intra-service time of 20 minutes and immediate post-service time of 20 minutes. The RUC agreed to add 5 minutes of positioning time to place the patient in the dorsal lithotomy position.

The RUC reviewed the survey respondents' physician work values and agreed that the appropriate value is between the median value (work RVU= 3.45) and 25th percentile (work RVU= 2.65). The RUC noted a 5 minute decrease in the survey intra-service time from the current time and therefore agreed that the current work RVU of 3.33 should be lower. The RUC compared the surveyed code to CPT code 43250 *Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps* (work RVU= 3.07, intra time= 20 minutes) and noted that both services have identical intra-service time and comparable physician work. Therefore, the RUC agreed to directly crosswalk the work RVUs from code 43250 to CPT code 58555. To justify a work RVU of 3.07, the RUC reviewed CPT code 41530 *Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session* (work RVU= 3.50, intra time= 20 minutes). Finally, the RUC noted that while the intra-service time has decreased the resulting work RVU should not be equivalently lowered. Since the last survey in 1997, the equipment has advanced so that more of the intra-service time is spent actually performing the surgery and not trying to clean the blood, mucus or air out of the uterus. Additionally, the equipment allows for higher flow volumes, which must be monitored closely to ensure the patient doesn't get overloaded. **The RUC recommends a work RVU of 3.07 for CPT code 58555.**

58558 ***Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C***
The RUC reviewed the survey results from 66 practicing gynecologists and agreed with the following time components: pre-service time of 56 minutes, intra-service time of 30 minutes and immediate post-service time of 20 minutes. The RUC agreed to add 5 minutes of positioning time to place the patient in the dorsal lithotomy position.

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The RUC reviewed the survey respondents' physician work values and agreed that the appropriate value is between the median value (work RVU= 4.63) and 25th percentile (work RVU= 3.14). To determine an appropriate value, the RUC compared the surveyed code to CPT code 43243 *Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices* (work RVU= 4.37, intra time= 30 minutes) and noted that both services have identical intra-service time and comparable physician work. Therefore, the RUC agreed to directly crosswalk the work RVUs from code 43243 to CPT code 58558. To justify a work RVU of 4.37, the RUC reviewed CPT codes 45385 *Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique* (work RVU= 4.67, intra time= 30 minutes) and 52234 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)* (work RVU= 4.62, intra time= 30 minutes) and agreed that both services provide strong support for the recommended value. **The RUC recommends a work RVU of 4.37 for CPT code 58558.**

***58559 Hysteroscopy*, surgical; with lysis of intrauterine adhesions (any method)**

The RUC reviewed the survey results from 32 practicing gynecologists and agreed with the following time components: pre-service time of 56 minutes, intra-service time of 40 minutes and immediate post-service time of 20 minutes. The RUC agreed to add 5 minutes of positioning time to place the patient in the dorsal lithotomy position.

The RUC reviewed the survey respondents' physician work values and agreed that the appropriate value is between the median value (work RVU= 6.28) and 25th percentile (work RVU= 3.65). To determine an appropriate value, the RUC compared the surveyed code to CPT code 93455 *Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography* (work RVU= 5.54, intra time= 40 minutes) and noted that both services have identical intra-service time and comparable physician work. Therefore, the RUC agreed to directly crosswalk the work RVUs from code 93455 to CPT code 58559. To justify a work RVU of 5.54, the RUC reviewed CPT code 36222 *Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed* (work RVU= 5.53, intra time= 40 minutes) and MPC code 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)* (work RVU= 5.44, intra time= 45 minutes) and agreed that both services provide strong support for the recommended value. **The RUC recommends a work RVU of 5.54 for CPT code 58559.**

***58560 Hysteroscopy*, surgical; with division or resection of intrauterine septum (any method)**

The RUC reviewed the survey results from 31 practicing gynecologists and agreed with the following time components: pre-service time of 56 minutes, intra-service time of 40 minutes and immediate post-service time of 20 minutes. The RUC agreed to add 5 minutes of positioning time to place the patient in the dorsal lithotomy position.

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The RUC reviewed the survey respondents' physician work values and agreed that the appropriate value is between the median value (work RVU= 6.90) and 25th percentile (work RVU= 4.05). To determine an appropriate value, the RUC compared the surveyed code to CPT code 93456 *Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization* (work RVU= 6.15, intra time= 40 minutes) and noted that both services have identical intra-service time and comparable physician work. Therefore, the RUC agreed to directly crosswalk the work RVUs from code 93456 to CPT code 58560. To justify a work RVU of 6.15, the RUC reviewed the top key reference code 52282 *Cystourethroscopy, with insertion of permanent urethral stent* (work RVU= 6.39, intra time= 50 minutes) and CPT code 36222 *Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed* (work RVU= 5.53, intra time= 40 minutes) and agreed that both services provide strong support for the recommended value. Finally, the RUC noted that while this service has identical times to 58559, code 58560 is a more intense procedure and the recommended value maintains the appropriate relativity as established since this code family has existed. **The RUC recommends a work RVU of 6.15 for CPT code 58560.**

58561 ***Hysteroscopy, surgical; with removal of leiomyomata***
The RUC reviewed the survey results from 48 practicing gynecologists and agreed with the following time components: pre-service time of 56 minutes, intra-service time of 45 minutes and immediate post-service time of 20 minutes. The RUC agreed to add 5 minutes of positioning time to place the patient in the dorsal lithotomy position.

The RUC reviewed the survey respondents' physician work values and agreed that the median work RVU of 7.00 accurately values the physician work involved in CPT code 58561. To justify a work RVU of 7.00, the RUC compared the surveyed code to CPT codes 52344 *Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)* (work RVU= 7.05, intra time= 45 minutes) and MPC code 52352 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included) (work RVU= 6.75, intra time= 45 minutes) and agreed that both services provide strong support for the recommended value. **The RUC recommends a work RVU of 7.00 for CPT code 58561.**

58562 ***Hysteroscopy, surgical; with removal of impacted foreign body***
The RUC reviewed the survey results from 57 practicing gynecologists and agreed with the following time components: pre-service time of 56 minutes, intra-service time of 25 minutes and immediate post-service time of 20 minutes. The RUC agreed to add 5 minutes of positioning time to place the patient in the dorsal lithotomy position.

The RUC reviewed the survey respondents' physician work values and agreed that the appropriate value is between the median value (work RVU= 4.50) and 25th percentile (work RVU= 3.20). To determine an appropriate value, the RUC compared the surveyed code to CPT code 45384 *Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps* (work RVU= 4.17, intra time= 28 minutes) and noted that while the reference code has slightly more intra-service time, code 58562 has more total time, 101 minutes compared to 70 minutes.

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Therefore, the RUC agreed to directly crosswalk the work RVUs from code 45384 to CPT code 58562. To justify a work RVU of 4.17, the RUC reviewed CPT code 15277 *Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children* (work RVU= 4.00, intra time= 25 minutes) and the second key reference code 57461 *Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix* (work RVU= 3.43, intra time= 28 minutes) and agreed that both services provide strong support for the recommended value. **The RUC recommends a work RVU of 4.17 for CPT code 58562.**

58563 ***Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)***
The RUC reviewed the survey results from 44 practicing gynecologists and agreed with the following time components: pre-service time of 56 minutes, intra-service time of 30 minutes and immediate post-service time of 20 minutes. The RUC agreed to add 5 minutes of positioning time to place the patient in the dorsal lithotomy position.

The RUC reviewed the survey respondents' physician work values and agreed that the appropriate value is between the median value (work RVU= 4.50) and 25th percentile (work RVU= 3.20). To determine an appropriate value, the RUC compared the surveyed code to CPT code 52234 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)* (work RVU= 4.62, intra time= 30 minutes) and noted that both services have identical intra-service time and comparable physician work. Therefore, the RUC agreed to directly crosswalk the work RVUs from code 52234 to CPT code 58563. To justify a work RVU of 4.62, the RUC reviewed MPC code 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU= 4.71, intra time= 30 minutes) and CPT code 52224 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy* (work RVU= 4.05, intra time= 30 minutes) and agreed that both services provide strong support for the recommended value. Finally, the RUC noted that while this procedure has identical time components to the family code 58558, CPT code 58563 is a more intense procedure due to the increased risk of injury to other pelvic organs, notably bladder and bowel. The risk of injury to bladder is increased, since the previous valuation, due to the higher rate of cesarean delivery with a subsequent increase in non-union or thinness of the hysterotomy scar. **The RUC recommends a work RVU of 4.62 for CPT code 58563.**

Practice Expense:
The RUC approved the direct practice expense inputs modifications as approved by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
58555	Hysteroscopy, diagnostic (separate procedure)	000	3.07
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	000	4.37
58559 (f)	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	000	5.54
58560 (f)	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	000	6.15
58561 (f)	Hysteroscopy, surgical; with removal of leiomyomata	000	7.00
58562 (f)	Hysteroscopy, surgical; with removal of impacted foreign body	000	4.17
58563 (f)	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	000	4.62

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58555 Tracking Number Original Specialty Recommended RVU: **3.33**
Presented Recommended RVU: **3.33**
Global Period: 000 RUC Recommended RVU: **3.07**

CPT Descriptor: Hysteroscopy, diagnostic (separate procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: .A 55 year old Peri-menopausal women presents with abnormal uterine bleeding. She is referred for diagnostic hysteroscopy.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 43%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 16%

Description of Pre-Service Work: Review previous work-ups. Update history and physical examination. Communicate with the patient and/or family to explain the indications for the procedure, as well as the operative risks and benefits, and to obtain informed consent. Verify all necessary equipment and supplies are available and compatible. Confirm proper positioning (high dorsal lithotomy). Scrub, dress and wait. Time out is performed.

Description of Intra-Service Work: A bimanual pelvic examination is performed to assess uterine size, position, and mobility. The adnexa and posterior cul de sac are palpated for the presence of masses or nodularity. The bladder is drained with a catheter. The cervix is exposed, grasped, and dilated slightly larger than the scope. The uterine sound is passed. The scope is inserted and the physician confirms proper pressure setting of the pump or gravity flow to adequately distend the endometrial cavity. The entire endometrial cavity is examined, including the anterior, posterior, fundal, and lateral walls. The endocervical canal is examined. A submucosal myoma is found with atrophic endometrium. The hysteroscope is removed from the uterus. The cervix is checked for bleeding from a puncture site or laceration. If found, bleeding is controlled by suture, pressure or fulguration. All instruments are removed fromthe vagina and cervix. The patient is transferred to a stretcher and escorted to the recovery room.

Description of Post-Service Work: Monitor patient's stability in the recovery room. Write orders. Dictate operative report. Communicate with patient, family, and other health care professionals. Pay careful attention to fluid volume and electrolyte status. Order/manage medications. Discharge management includes the physician's final examination of the patient, instructions for continuing care, and preparation of discharge records.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	George Hill, MD and Jon Hathaway, MD		
Specialty(s):	Obstetrics/Gynecology and Gynecology/Oncology		
CPT Code:	58555		
Sample Size:	3045	**Resp N:** 61	**Response:** 2.0 %
Description of Sample:	The Research Subcommittee approved the use of targeted samples for this family of codes. The 'targeted samples' were sub-specialty organizations (i.e. the American Association of Gynecologic Laparoscopists and the Society of Gynecologic Oncology). The surveys were sent to 3045 US practicing MDs: • AAGL – 1000 randomly selected US/MDs • SGO – 1045 all US/MD membership • ACOG – 1000 randomly selected US/MDs		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	20.00	100.00
Survey RVW:	1.90	2.65	**3.45**	4.50	18.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	5.00	15.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58555	**Recommended Physician Work RVU: 3.07**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52287	000	3.20	**RUC Time**

CPT Descriptor Cystourethroscopy, with injection(s) for chemodenervation of the bladder

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
57155	000	5.40	**RUC Time**

CPT Descriptor Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52214	000	3.50	**RUC Time**	20,091

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15002	000	3.65	**RUC Time**	18,279

CPT Descriptor 2 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 16.3 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 16.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 58555	**Top Key Reference CPT Code:** 52287	**2nd Key Reference CPT Code:** **57155**
Median Pre-Service Time	56.00	22.00	43.00
Median Intra-Service Time	20.00	21.00	60.00
Median Immediate Post-service Time	20.00	15.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**96.00**	**58.00**	**133.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.50	0.70
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.10	-0.30
Urgency of medical decision making	0.10	0.00

Technical Skill/Physical Effort (Mean)

Technical skill required	0.00	-0.20
Physical effort required	0.00	-0.10

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.40	-0.30
Outcome depends on the skill and judgment of physician	0.10	-0.10
Estimated risk of malpractice suit with poor outcome	0.40	0.60

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.40	-0.10

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the NPRM for 2016 CMS re-ran the 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 CY2010. CPT Code 58555 *hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C* was one of the codes identified by CMS review.

Methodology

ACOG identified CPT Codes 58555, 58559, 58560, 58561, 58562 and 58563 as part of the family. The Research Subcommittee approved updated vignettes for this family of codes. The RS also approved the use of targeted samples for this family of codes. The 'targeted samples' were sub-specialty organizations (i.e. the American Association of Gynecologic Laparoscopists and the Society of Gynecologic Oncology). The surveys were sent to 3045 US practicing MDs:

- AAGL – 1000 randomly selected US/MDs
- SGO – 1045 all US/MD membership
- ACOG – 1000 randomly selected US/MDs

Intensity

A significant change in technology and the patient population has occurred since these codes were last valued at the RUC. Hysterectomy rates both open and minimally invasive continue to decline yearly in the United States. This statistic is directly related to improvements in both medical and surgical technology. Most significantly, advances in hysteroscopic technology allow us now to treat women with this uterine sparing procedure who would have had a hysterectomy in 1997. In addition, advances in endometrial ablative techniques allow us to provide relief to women from dysfunctional bleeding, a leading cause of hysterectomy.

Specifically, improvements to optics, and pump inflation systems allow greater and more accurate visualization. While this is likely to decrease intraservice time, it is also likely to allow us to attempt to manipulate and correct larger more clinically significant lesions. This may decrease surveyed intraservice times, but increases the intensities during the same or lessor time frames. Second, improvements in design and safety of instruments to be used for resection, allow us to attempt removal of larger more complex

lesions, in more difficult and challenging locations. Third, with the advent of improved pump systems, the risk of significant injury due to intravasation of fluid has increased and this can lead to electrolyte disturbances, cerebral edema and cardiovascular collapse.

Therefore, while technology has allowed intraservice time to decrease, the cases we are doing and patients we are caring for have become more complex and therefore the intensity is higher.

We are recommending the current value of 3.33 for CPT Code 58555. We believe our recommendation compares favorably within our specialty and maintains relativity within the fee schedule.

Pre and Post Service Time Packages

We recommend pre-service package 3 *straightforward patient/difficult procedure* and post-service package 9B *General Anesthesia or Complex Regional Block/Complex Procedure*. We included 5 additional minutes in positioning time for the Dorsal Lithotomy position.

Reference Service Codes

Our recommendation compares favorably to our reference service codes 52287 *Cystourethroscopy, with injection(s) for chemodenervation of the bladder* and 57155 *Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy*.

The most commonly selected reference code was a cystourethroscopy procedure (52287) with a wRVU of 3.2. 52287 has a lower total time (58 minutes vs. 96 minutes) compared to the survey code 58555. The total service time for the survey code 58555 is 40% longer. The intraservice times are almost identical, 21 minutes vs. 20 minutes. 58555 typically requires dilating the cervix while 52287 requires an injection component. The increased intensity of work in 52287 most likely reflects the injection component of the procedure. This data supports a slightly higher wRVU for 58555 of 3.33 to reflect the additional work when compared to 52287.

The second reference code selected was 57155. This code requires dilation of the cervix with subsequent application of tandem and ovoids. The intraservice time and total time for 57155 are both longer, however the intensity is less. The recommended wRVU for 58555 is approximately 60% of 57155, the total time is approximately 70% of 57155 and the intraservice time is approximately 33% of 57155.

MPCs

Our recommendations compare favorably to MPC codes 15002 *Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children* and 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands.*

The MPC code 15002 with RVU 3.65 is comparable to the survey code 58555 because both have identifical intra service times and similar IWPUTs. The work intensity for 15002 is a bit lower due to external location of the procedure versus the intracavitary location for code 58555 that requires cervical dilatation. CPT Code 15002 has a higher wRVU. That can be attributed to the slightly higher total time.

Other Comparisons

Our recommendation also compares to CPT Code 16035 *Escharotomy; initial incision* and anchor our recommendations well. Code 16035 has a wRVU of 3.74 compared to our recommendation of 3.33 for survey code 58555. The intra times line us nicely for the two services. The IWPUT for CPT Code 16035 is much higher than our IWPUT for surveyed code 58555. Our surveyed code has more total time.

	CPT Code	Work RVU	Total Time	Pre Eval Time	Pre Pos Time	SDW	Intra Time	Post Time	IWPUT
Reference	52287	3.20	58	*7*	*5*	*10*	21	*15*	0.120
SURVEYED	58555	3.33	96	*33*	*8*	*15*	20	*20*	0.092
MPC	52214	3.50	79	*19*	*5*	*5*	30	*20*	0.083
MPC	15002	3.65	115	*45*	*15*	*15*	20	*20*	0.087
Other	16035	3.74	70	*30*	*0*	*0*	20	*20*	0.131
Reference	57155	5.40	133	*33*	*5*	*5*	60	*30*	0.064

Based on all of these factors we believe a work value of 3.33 is appropriate for CPT Code 58555.

Conclusion

The Society makes the following recommendations based on survey data and relativity within the specialty and the overall fee schedule:

	CPT Code	Work RVU	Total Time	Pre Eval Time	Pre Pos Time	SDW	Intra Time	Post Time	IWPUT
Reference	52287	3.20	58	*7*	*5*	*10*	21	*15*	0.120
SURVEYED	58555	3.33	96	*33*	*8*	*15*	20	*20*	0.092
Reference	57461	3.43	58	15			28	15	0.099
MPC	52214	3.50	79	*19*	*5*	*5*	30	*20*	0.083
MPC	15002	3.65	115	*45*	*15*	*15*	20	*20*	0.087
Other	16035	3.74	70	*30*	*0*	*0*	20	*20*	0.131
MPC	52224	4.05	79	*19*	*5*	*5*	30	*20*	0.101
Other	43243	4.37	91	*33*	*3*	*5*	30	*20*	0.103
SURVEYED	58562	4.50	101	*33*	*8*	*15*	25	*20*	0.120
Other	52441	4.50	93	*17*	*5*	*20*	30	*21*	0.113
Other & Crosswalk	52234	4.62	79	*19*	*5*	*5*	30	*20*	0.120
SURVEYED	58563	4.62	106	*33*	*8*	*15*	30	*20*	0.104
SURVEYED	58558	4.63	106	*33*	*8*	*15*	30	*20*	0.105
Other	52275	4.69	90	*30*	*0*	*0*	30	*30*	0.112
MPC	37191	4.71	83	*30*	*3*	*5*	30	*15*	0.120
Reference	57155	5.40	133	*33*	*5*	*5*	60	*30*	0.064
MPC	52235	5.44	94	*19*	*5*	*5*	45	*20*	0.098
Other	93456	6.15	118	*40*	*3*	*5*	40	*30*	0.112
SURVEYED	58559	6.16	116	*33*	*8*	*15*	40	*20*	0.117
Reference	52282	6.39	120	40			50	30	0.096
MPC	52352	6.75	118	*33*	*5*	*15*	45	*20*	0.118
SURVEYED	58560	6.90	116	*33*	*8*	*15*	40	*20*	0.135
SURVEYED	58561	7.00	121	*33*	*8*	*15*	45	*20*	0.122
Other	52344	7.05	125	*40*	*10*	*10*	45	*20*	0.120
Other	53445	7.55	135	*45*	*10*	*15*	45	*20*	0.128
Reference	59072	8.99	175	*40*	*30*	*15*	*60*	*30*	0.111

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58555

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Obstetrics/gynecology How often? Commonly

Specialty gynecology/oncology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,627
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Medicare Data

Specialty obstetrics/gynecology Frequency 1547 Percentage 95.08 %

Specialty gynecology/oncology Frequency 50 Percentage 3.07 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 58555

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58558 Tracking Number Original Specialty Recommended RVU: **4.63**
Presented Recommended RVU: **4.63**
Global Period: 000 RUC Recommended RVU: **4.37**

CPT Descriptor: Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old perimenopausal female presented with abnormal uterine bleeding. She has an endometrial polyp. A hysteroscopy with removal of the polyp and D&C is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 36%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 11%

Description of Pre-Service Work: Review previous work-ups. Update history and physical examination. Communicate with the patient and/or family to explain the indications for the procedure, as well as the operative risks and benefits, and to obtain informed consent. Verify all necessary equipment and supplies are available and compatible. Confirm proper positioning (high dorsal lithotomy). Scrub, dress and wait. Time out is performed.

Description of Intra-Service Work: Perform a bimanual pelvic examination to assess uterine size, position, and mobility. Palpate the adnexa and posterior cul de sac for the presence of masses or nodularity. Drain the bladder with a catheter. Expose, grasp, and dilate the cervix to accommodate the diagnostic hysteroscope. The uterine sound is passed. Insert the hysteroscope and confirm proper pressure setting of the pump or gravity flow to adequately distend the endometrial cavity. Examine the entire endometrial cavity, including the anterior, posterior, fundal, and lateral walls and both tubal ostia. Examine the endocervical canal. An irregular polypoid mass is identified. Further dilate the cervix to admit the operative hysteroscope and excise the entire lesion(s). Fluid volumes are continuously monitored. Coagulate bleeding points. Remove the hysteroscope from the uterus. Curettage of the endometrial cavity is performed. Replace hysteroscope for visual re-inspection of the entire cavity. Check the cervix for bleeding from a puncture site or laceration. All instruments are removed from the vagina and cervix.

Description of Post-Service Work: The patient is transferred to a stretcher and escorted to the recovery room. Monitor patient's stability in the recovery room. Write orders. Dictate operative report. Communicate with patient, family, and other health care professionals. Pay careful attention to fluid volume and electrolyte status. Order/manage medications.

Discharge management includes the physician’s final examination of the patient, instructions for continuing care, and preparation of discharge records.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	George Hill, MD and Jon Hathaway, MD		
Specialty(s):	Obstetrics/Gynecology and Gynecology/Oncology		
CPT Code:	58558		
Sample Size:	3045	**Resp N:** 66	**Response:** 2.1 %
Description of Sample:	The Research Subcommittee approved the use of targeted samples for this family of codes. The 'targeted samples' were sub-specialty organizations (i.e. the American Association of Gynecologic Laparoscopists and the Society of Gynecologic Oncology). The surveys were sent to 3045 US practicing MDs: • AAGL – 1000 randomly selected US/MDs • SGO – 1045 all US/MD membership • ACOG – 1000 randomly selected US/MDs		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	9.00	**19.00**	35.00	100.00
Survey RVW:	1.99	3.14	**4.63**	6.15	30.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	5.00	20.00	**30.00**	30.00	60.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58558	**Recommended Physician Work RVU: 4.37**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52282	000	6.39	**RUC Time**

CPT Descriptor Cystourethroscopy, with insertion of permanent urethral stent

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
57461	000	3.43	**RUC Time**

CPT Descriptor Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	46,995

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	48,723

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 24.2 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 21.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 58558	**Top Key Reference CPT Code:** 52282	**2nd Key Reference CPT Code:** **57461**
Median Pre-Service Time	56.00	40.00	15.00
Median Intra-Service Time	30.00	50.00	28.00
Median Immediate Post-service Time	20.00	30.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**106.00**	**120.00**	**58.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

Mental Effort and Judgment (Mean)

	Top Key Ref Code	**2nd Key Ref Code**
The number of possible diagnosis and/or the number of management options that must be considered	0.69	0.64
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.25	0.43
Urgency of medical decision making	0.19	0.43

Technical Skill/Physical Effort (Mean)

Technical skill required	0.38	0.64
Physical effort required	0.31	0.43

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.31	0.71
Outcome depends on the skill and judgment of physician	0.44	0.71
Estimated risk of malpractice suit with poor outcome	0.38	0.79

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.56	0.79

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the NPRM for 2016 CMS re-ran the 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 CY2010. CPT Code 58555 *hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C* was one of the codes identified by CMS review.

Methodology

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- AAGL – 1000 randomly selected US/MDs
- SGO – 1045 all US/MD membership
- ACOG – 1000 randomly selected US/MDs

Intensity

A significant change in technology and the patient population has occurred since these codes were last valued at the RUC. Hysterectomy rates both open and minimally invasive continue to decline yearly in the United States. This statistic is directly related to improvements in both medical and surgical technology. Most significantly, advances in hysteroscopic technology allow us now to treat women with this uterine sparing procedure who would have had a hysterectomy in 1997. In addition, advances in endometrial ablative techniques allow us to provide relief to women from dysfunctional bleeding, a leading cause of hysterectomy.

Specifically, improvements to optics, and pump inflation systems allow greater and more accurate visualization. While this is likely to decrease intraservice time, it is also likely to allow us to attempt to manipulate and correct larger more clinically significant lesions. This may decrease surveyed intraservice times, but increases the intensities during the same or lessor time frames. Second, improvements in design and safety of instruments to be used for resection, allow us to attempt removal of larger more complex

lesions, in more difficult and challenging locations. Third, with the advent of improved pump systems, the risk of significant injury due to intravasation of fluid has increased and this can lead to electrolyte disturbances, cerebral edema and cardiovascular collapse.

Therefore, while technology has allowed intraservice time to decrease, the cases we are doing and patients we are caring for have become more complex and therefore the intensity is higher.

We are recommending the median survey value of 4.63 for CPT code 58558. We believe our recommendations compare favorably within our specialty and maintain relativity within the fee schedule.

Pre and Post Service Time Packages

We recommend pre-service package 3 *straightforward patient/difficult procedure* and post-service package 9B *General Anesthesia or Complex Regional Block/Complex Procedure.* We included 5 additional minutes in positioning time for the Dorsal Lithotomy position.

Reference Codes

Our recommendation compares favorably to our reference service codes 52282 *Cystourethroscopy, with insertion of permanent urethral stent* and 57461 *Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix.*

CPT Code 52282 is similar to surveyed code 58558. CPT Code 52282 has 20 additional minutes of intraservice time with a wRVU of 6.39, and 14 additional minutes of total time. The intraservice time for 58558 is about 60% of 52282, the total time of 58558 is 88% of 52282 and the recommended wRVU of 58558 is 72% of 52282. These ratios of work and time supports our recommendation of 4.63 for 58558.

The second reference service, 57461 has a wRVU of 3.43. 58558 has 2 additional minutes of intraservice time and almost twice as much total time. The intensity of 58558 is higher than the intensity of 57461. Both the higher intensity of 58558 and the longer total time support the wRVU of 4.63 compared to 3.43.

MPCs

Our recommendations compare favorably to MPC codes 52224 *Cystouretroscopy with fulguration of a MINOR (less than 0.5cm) lesion(s) with or without biopsy* and CPT Code 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiologic supervision and interpretation, intra-procedural road-mapping, and image guidance (ultrasound and fluoroscopy), when performed.*

CPT Code 52224 has an intra-service time of 30 minutes and total time of 79 minutes. The work RVUs are 4.05 with an IWPUT of 0.1008. The procedure involves similar type of procedure using a cystoscope rather than hysteroscopy. Hysteroscopy involves dilation of the cervix in order to do the visualization and resection as compared to doing a natural orifice surgery for the 52224. With a hysteroscopy there needs to be continuous fluid monitoring to prevent intravascular extravasation of the distending media. Both are done with anesthesia in a lithotomy position. For 52224 the fulguration or biopsy is for a very small lesion and endometrial polyps are usually much larger than 5mm.

The second MPC code is 37191 has an intra-service time of 30 minutes and a total time of 83 minutes. The IWPUT is higher for this case (0.1198) but the work RVUs are higher at 4.71, despite a 20% reduction in total time. 37191 is usually done as a percutaneous procedure, it can be done in a procedure suite rather than an OR. No special positioning is required.

Other Comparisons

Our recommendations compare favorably to CPT codes 52234 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2cm)* and CPT Code 52275 *Cystourethroscopy with internal urethrotomy; male.*

CPT Code 52234 has a work RVU of 4.62 with intra/post/total times of 30/20/79 minutes. This procedure is very similar to the 58558 but no dilation or fluid monitoring is required.

The second comparator is 52275 which as a work RVUs of 4.69 with intra/post/total times of times of 30/30/90 minutes. This procedure is also very similar to 58558 but doesn't require cervical dilation or fluid monitoring.

Recommendations within this Code Set

Our recommendation of 4.63 for surveyed code 58558 compares favorably to our work recommendation of 4.62 for 58563 as well. These codes were both surveyed with a total time of 106 minutes and 30 minutes of intra service time. Both involve hysteroscopy with either excision of endometrial lesion or ablation of the endometrium.

	CPT Code	Work RVU	Total Time	Pre Eval Time	Pre Pos Time	SDW	Intra Time	Post Time	IWPUT
Reference	52287	3.20	58	*7*	*5*	*10*	21	*15*	0.120
Reference	57461	3.43	58	15			28	15	0.099
MPC	52224	4.05	79	*19*	*5*	*5*	30	*20*	0.101
Other	52234	4.62	79	*19*	*5*	*5*	30	*20*	0.120
SURVEYED	58563	4.62	106	*33*	*8*	*15*	30	*20*	0.104
SURVEYED	58558	4.63	106	*33*	*8*	*15*	30	*20*	0.105
Other	52275	4.69	90	*30*	*0*	*0*	30	*30*	0.112
MPC	37191	4.71	83	*30*	*3*	*5*	30	*15*	0.120

Based on all of these factors we believe a work value of 4.63 is appropriate for CPT Code 58558.

Conclusion

The Society makes the following recommendations based on survey data and relativity within the specialty and the overall fee schedule:

	CPT Code	Work RVU	Total Time	Pre Eval Time	Pre Pos Time	SDW	Intra Time	Post Time	IWPUT
Reference	52287	3.20	58	*7*	*5*	*10*	21	*15*	0.120
SURVEYED	58555	3.33	96	*33*	*8*	*15*	20	*20*	0.092
Reference	57461	3.43	58	15			28	15	0.099
MPC	52214	3.50	79	*19*	*5*	*5*	30	*20*	0.083
MPC	15002	3.65	115	*45*	*15*	*15*	20	*20*	0.087
Other	16035	3.74	70	*30*	*0*	*0*	20	*20*	0.131
MPC	52224	4.05	79	*19*	*5*	*5*	30	*20*	0.101
Other	43243	4.37	91	*33*	*3*	*5*	30	*20*	0.103
SURVEYED	58562	4.50	101	*33*	*8*	*15*	25	*20*	0.120
Other	52441	4.50	93	*17*	*5*	*20*	30	*21*	0.113
Other & Crosswalk	52234	4.62	79	*19*	*5*	*5*	30	*20*	0.120
SURVEYED	58563	4.62	106	*33*	*8*	*15*	30	*20*	0.104
SURVEYED	58558	4.63	106	*33*	*8*	*15*	30	*20*	0.105
Other	52275	4.69	90	*30*	*0*	*0*	30	*30*	0.112

MPC	37191	4.71	83	*30*	*3*	*5*	30	*15*	0.120
Reference	57155	5.40	133	*33*	*5*	*5*	60	*30*	0.064
MPC	52235	5.44	94	*19*	*5*	*5*	45	*20*	0.098
Other	93456	6.15	118	*40*	*3*	*5*	40	*30*	0.112
SURVEYED	58559	6.16	116	*33*	*8*	*15*	40	*20*	0.117
Reference	52282	6.39	120	40			50	30	0.096
MPC	52352	6.75	118	*33*	*5*	*15*	45	*20*	0.118
SURVEYED	58560	6.90	116	*33*	*8*	*15*	40	*20*	0.135
SURVEYED	58561	7.00	121	*33*	*8*	*15*	45	*20*	0.122
Other	52344	7.05	125	*40*	*10*	*10*	45	*20*	0.120
Other	53445	7.55	135	*45*	*10*	*15*	45	*20*	0.128
Reference	59072	8.99	175	*40*	*30*	*15*	*60*	*30*	0.111

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58558

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Obstetrics/gynecology How often? Commonly

Specialty gynecology/oncology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 41,539 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Medicare Data

Specialty obstetrics/gynecology Frequency 39047 Percentage 94.00 %

Specialty gynecology/oncology Frequency 2077 Percentage 5.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 58558

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58559 Tracking Number Original Specialty Recommended RVU: **6.16**
Presented Recommended RVU: **6.16**
Global Period: 000 RUC Recommended RVU: **5.54**

CPT Descriptor: Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 32 year old G3P0030 female has had 3 first trimester spontaneous abortions, all of which required a D&C. Her evaluation revealed multiple think irregular filling defects within the endometrial cavity suggestive of intrauterine adhesions. A hysteroscopy with lysis of intrauterine adhesions is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 38%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 6%

Description of Pre-Service Work: Review previous work-ups. Update history and physical examination. Communicate with the patient and/or family to explain the indications for the procedure, as well as the operative risks and benefits, and to obtain informed consent.. Verify all necessary equipment and supplies are available and compatible. Confirm proper positioning (high dorsal lithotomy). Scrub, dress and wait. Time out is performed.

Description of Intra-Service Work: A bimanual pelvic examination is performed to assess uterine size, position, and mobility. The adnexa and posterior cul de sac are palpated for the presence of masses or nodularity. The bladder is drained with a catheter. The cervix is exposed, grasped, and dilated to accommodate the diagnostic hysteroscope. The uterine sound is passed. The hysteroscope is inserted and the physician confirms proper pressure setting of the pump or gravity flow to adequately distend the endometrial cavity. The entire endometrial cavity is examined, including the anterior, posterior, fundal, and lateral walls and both tubal ostia. The endocervical canal is examined. Inspection of the endometrial cavity confirms the presence of intrauterine adhesions. The cervix is further dilated to admit the operative hysteroscope and the adhesions are lysed. Fluid volumes are continuously monitored. Bleeding points are coagulated. At the conclusion of the case, the cavity appears normal. The hysteroscope is removed from the uterus. A device (eg, Foley catheter) is placed into the cavity to separate the walls of the endometrial cavity. The cervix is checked for bleeding from a puncture site or laceration. All instruments are removed from the vagina and cervix.

Description of Post-Service Work: The patient is transferred to a stretcher and escorted to the recovery room. Monitor patient's stability in the recovery room. Write orders. Dictate operative report. Communicate with patient, family, and other health care professionals. Pay careful attention to fluid volume and electrolyte status. Order/manage medications.

Discharge management includes the physician’s final examination of the patient, instructions for continuing care, and preparation of discharge records.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	George Hill, MD and Jon Hathaway, MD		
Specialty(s):	Obstetrics/Gynecology and Gynecology/Oncology		
CPT Code:	58559		
Sample Size:	3045	**Resp N:** 32	**Response:** 1.0 %
Description of Sample:	The Research Subcommittee approved the use of targeted samples for this family of codes. The 'targeted samples' were sub-specialty organizations (i.e. the American Association of Gynecologic Laparoscopists and the Society of Gynecologic Oncology). The surveys were sent to 3045 US practicing MDs: • AAGL – 1000 randomly selected US/MDs • SGO – 1045 all US/MD membership • ACOG – 1000 randomly selected US/MDs		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	6.00	30.00
Survey RVW:	2.70	3.65	**6.28**	7.31	13.55
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	5.00	30.00	**40.00**	47.00	60.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58559	**Recommended Physician Work RVU: 5.54**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52282	000	6.39	**RUC Time**

CPT Descriptor Cystourethroscopy, with insertion of permanent urethral stent

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
59072	000	8.99	**RUC Time**

CPT Descriptor Fetal umbilical cord occlusion, including ultrasound guidance

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	21,631

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52235	000	5.44	**RUC Time**	31,688

CPT Descriptor 2 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11 **% of respondents:** 34.3 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 18.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 58559	**Top Key Reference CPT Code:** 52282	**2nd Key Reference CPT Code:** **59072**
Median Pre-Service Time	56.00	40.00	85.00
Median Intra-Service Time	40.00	50.00	60.00
Median Immediate Post-service Time	20.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**116.00**	**120.00**	**175.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

Mental Effort and Judgment (Mean)

	Top Key Ref Code	**2nd Key Ref Code**
The number of possible diagnosis and/or the number of management options that must be considered	0.55	0.67
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.64	0.33
Urgency of medical decision making	0.00	0.00

Technical Skill/Physical Effort (Mean)

Technical skill required	0.64	1.33
Physical effort required	0.73	0.67

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.64	0.33
Outcome depends on the skill and judgment of physician	0.73	0.67
Estimated risk of malpractice suit with poor outcome	0.73	-0.17

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.00	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the NPRM for 2016 CMS re-ran the 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 CY2010. CPT Code 58555 *hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C* was one of the codes identified by CMS review.

Methodology

ACOG identified CPT Codes 58555, 58559, 58560, 58561, 58562 and 58563 as part of the family. The Research Subcommittee approved updated vignettes for this family of codes. The RS also approved the use of targeted samples for this family of codes. The 'targeted samples' were sub-specialty organizations (i.e. the American Association of Gynecologic Laparoscopists and the Society of Gynecologic Oncology). The surveys were sent to 3045 US practicing MDs:

- AAGL – 1000 randomly selected US/MDs
- SGO – 1045 all US/MD membership
- ACOG – 1000 randomly selected US/MDs

Intensity

A significant change in technology and the patient population has occurred since these codes were last valued at the RUC. Hysterectomy rates both open and minimally invasive continue to decline yearly in the United States. This statistic is directly related to improvements in both medical and surgical technology. Most significantly, advances in hysteroscopic technology allow us now to treat women with this uterine sparing procedure who would have had a hysterectomy in 1997. In addition, advances in endometrial ablative techniques allow us to provide relief to women from dysfunctional bleeding, a leading cause of hysterectomy.

Specifically, improvements to optics, and pump inflation systems allow greater and more accurate visualization. While this is likely to decrease intraservice time, it is also likely to allow us to attempt to manipulate and correct larger more clinically significant lesions. This may decrease surveyed intraservice times, but increases the intensities during the same or lessor time frames. Second,

improvements in design and safety of instruments to be used for resection, allow us to attempt removal of larger more complex lesions, in more difficult and challenging locations. Third, with the advent of improved pump systems, the risk of significant injury due to intravasation of fluid has increased and this can lead to electrolyte disturbances, cerebral edema and cardiovascular collapse.

Therefore, while technology has allowed intraservice time to decrease, the cases we are doing and patients we are caring for have become more complex and therefore the intensity is higher.

We are recommending the current value of 6.16 for CPT code 58559. We believe our recommendations compare favorably within our specialty and maintain relativity within the fee schedule.

Pre and Post Service Time Packages

We recommend pre-service package 3 *straightforward patient/difficult procedure* and post-service package 9B *General Anesthesia or Complex Regional Block/Complex Procedure*. We included 5 additional minutes in positioning time for the Dorsal Lithotomy position.

Reference Codes

Our recommendations compare favorably to reference service codes 52282 *Cystourethroscopy, with insertion of permanent urethral stent* and 59072 *Fetal umbilical cord occlusion, including ultrasound guidance.*

CPT Code 52282 is similar to surveyed code 58559. CPT Code 52282 has 10 additional minutes of intraservice time with a wRVU of 6.39, but the procedures have almost identical total times. 58559 involves lysis of adhesions within the uterine cavity which may be quite distorted with loss of the usual landmarks, making this procedure more intense than 52282. An intrauterine stent of some type would be placed after the completion of the lysis of adhesions. The higher intensity of 58559 along with a lower intraservice time supports our recommendation of 6.16 for 58559.

CPT Code 59072 the second most commonly selected reference code, has 60 minutes of intraservice time (wRVU 8.99) compared to 40 minutes for 58559. While 59072 has more preservice and postservice time, their intensities are similar. This represents an approximate 33% reduction in work compared to the reference and therefore the wRVU recommendation for 58559 of 6.16 is appropriate compared to the wRVU of 59072.

MPCs

Our recommendations compare favorably to MPC codes 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)* and 52235 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm).*

CPT Code 52352 has a wRVU of 6.75 with slightly more (5 minutes) of intraservice time. Both 58559 and 52352 have similar total times and intensity, therefore the lower intraservice time for 58559 results in a lower wRVU recommendation of 6.16. In fact, if one subtracts the intraservice time with intensity from 52352 [6.75-(5 x 0.1184 = 0.59)] the resulting wRVU is 6.16, and this supports our recommendation.

CPT Code 52235 has an intraservice time of 45 minutes, but less total time than 58559. 52235 is also less intense. 52235 requires the removal of a medium size bladder tumor whereas 58559 involves lysis of adhesions within a distorted uterine cavity associated with the loss of usual landmarks and an attempt at restoration of normal anatomy. At the conclusion of the procedure, 58559 requires the introduction of a stent to try to maintain the restored anatomy and prevent the reformation of adhesions. The increased intensity and longer total time of 58559 compared to 52352 justifies the higher wRVU.

Other Comparisons

Our recommendations also compare favorably to CPT Code 93456 *Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization.*

Both codes have 40 minutes of intraservice time and almost identical total times (116 vs. 118). The wRVU of 93456 is 6.15, which supports the recommendation of 6.16 for 58559.

Recommendations within this Code Set

Our recommendations of 6.16 work RVUs for CPT Code 58559 also maintains relativity with our work recommendation of 6.90 for CPT Code 58560. There are significant differences in the level of intensity of 58559 and 58560 that justify the difference in RVU, even though they have the same time. In fact, when they were last surveyed 18 years ago, the RUC came to the same conclusion, with no differences in time, as the current survey shows. While we may be faster at these procedures now due to today's technology and improved expertise, there are still differences in the primary physiology of the pathology that proves the prior conclusion on increased intensity and increased IWPUT. In both, the division can easily result in intravasation of large volumes of fluid—either in uterine perforation or vascular interruption. However, the division of a septum is more fibrous and more difficult. Second, both procedures require the post-operative presence of a balloon to keep the cavity open, but in the septum removal, the balloon is also used to tamponade the bleeding vascular—arterial and venous—bed within the myometrium. Third, the division of adhesions is the

surface restoration of a pathologic state, but the removal of a septum is a fundamental developmental defect. Thus, the intensity of the procedure, the inherent risk to the patient and the fundamental flaw are different for these two procedures.

	CPT Code	Work RVU	Total Time	Pre Eval Time	Pre Pos Time	SDW	Intra Time	Post Time	IWPUT
MPC	52235	5.44	94	*19*	*5*	*5*	45	*20*	0.098
Other	93456	6.15	118	*40*	*3*	*5*	40	*30*	0.112
SURVEYED	58559	6.16	116	*33*	*8*	*15*	40	*20*	0.117
Reference	52282	6.39	120	40			50	30	0.096
MPC	52352	6.75	118	*33*	*5*	*15*	45	*20*	0.118
SURVEYED	58560	6.90	116	*33*	*8*	*15*	40	*20*	0.135
Reference	59072	8.99	175	*40*	*30*	*15*	*60*	*30*	0.111

Based on all of these factors we believe a work value of 6.16 is appropriate for CPT Code 58559.

Conclusion

The Society makes the following recommendations based on survey data and relativity within the specialty and the overall fee schedule:

	CPT Code	Work RVU	Total Time	Pre Eval Time	Pre Pos Time	SDW	Intra Time	Post Time	IWPUT
Reference	52287	3.20	58	*7*	*5*	*10*	21	*15*	0.120
SURVEYED	58555	3.33	96	*33*	*8*	*15*	20	*20*	0.092
Reference	57461	3.43	58	15			28	15	0.099
MPC	52214	3.50	79	*19*	*5*	*5*	30	*20*	0.083
MPC	15002	3.65	115	*45*	*15*	*15*	20	*20*	0.087
Other	16035	3.74	70	*30*	*0*	*0*	20	*20*	0.131
MPC	52224	4.05	79	*19*	*5*	*5*	30	*20*	0.101
Other	43243	4.37	91	*33*	*3*	*5*	30	*20*	0.103
SURVEYED	58562	4.50	101	*33*	*8*	*15*	25	*20*	0.120
Other	52441	4.50	93	*17*	*5*	*20*	30	*21*	0.113
Other & Crosswalk	52234	4.62	79	*19*	*5*	*5*	30	*20*	0.120
SURVEYED	58563	4.62	106	*33*	*8*	*15*	30	*20*	0.104
SURVEYED	58558	4.63	106	*33*	*8*	*15*	30	*20*	0.105
Other	52275	4.69	90	*30*	*0*	*0*	30	*30*	0.112
MPC	37191	4.71	83	*30*	*3*	*5*	30	*15*	0.120
Reference	57155	5.40	133	*33*	*5*	*5*	60	*30*	0.064
MPC	52235	5.44	94	*19*	*5*	*5*	45	*20*	0.098

Other	93456	6.15	118	*40*	*3*	*5*	40	*30*	0.112
SURVEYED	58559	6.16	116	*33*	*8*	*15*	40	*20*	0.117
Reference	52282	6.39	120	40			50	30	0.096
MPC	52352	6.75	118	*33*	*5*	*15*	45	*20*	0.118
SURVEYED	58560	6.90	116	*33*	*8*	*15*	40	*20*	0.135
SURVEYED	58561	7.00	121	*33*	*8*	*15*	45	*20*	0.122
Other	52344	7.05	125	*40*	*10*	*10*	45	*20*	0.120
Other	53445	7.55	135	*45*	*10*	*15*	45	*20*	0.128
Reference	59072	8.99	175	*40*	*30*	*15*	*60*	*30*	0.111

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58559

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Obstetrics/gynecology How often? Commonly

Specialty gynecology/oncology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 149
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Medicare Data

Specialty obstetrics/gynecology Frequency 136 Percentage 91.27 %

Specialty gynecology/oncology Frequency 5 Percentage 3.35 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 58559

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58560 Tracking Number Original Specialty Recommended RVU: **6.90**
Presented Recommended RVU: **6.90**
Global Period: 000 RUC Recommended RVU: **6.15**

CPT Descriptor: Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 32 year old G3P0 woman with three spontaneous pregnancy losses presented for evaluation. Her evaluation revealed a thick uterine septum. A hysteroscopy with resection of the uterine septum is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 35%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 6%

Description of Pre-Service Work: Review previous work-ups. Update history and physical examination. Communicate with the patient and/or family to explain the indications for the procedure, as well as the operative risks and benefits, and to obtain informed consent. Verify all necessary equipment and supplies are available and compatible. Confirm proper positioning (high dorsal lithotomy). Scrub, dress and wait. Time out is performed.

Description of Intra-Service Work: A bimanual pelvic examination is performed to assess uterine size, position, and mobility. The adnexa and posterior cul de sac are palpated for the presence of masses or nodularity. The bladder is drained with a catheter. The cervix is exposed, grasped, and dilated to accommodate the diagnostic hysteroscope. The uterine sound is passed. The diagnostic hysteroscope is inserted and the physician confirms proper pressure setting of the pump or gravity flow to adequately distend the endometrial cavity. The entire endometrial cavity is examined, including the anterior, posterior, fundal, and lateral walls and bilateral tubal ostia. The endocervical canal is examined. The septum is identified and resected in the avascular midline to the level of the uterine fundus. Fluid volumes are continuously monitored. Following resection, hemostasis is secured by fulguration and/or by insertion of a Foley catheter for tamponade. The hysteroscope is removed from the uterus. A device (eg, Foley catheter) is placed into the cavity to separate the walls of the endometrial cavity. The cervix is checked for bleeding from a puncture site or laceration. All instruments are removed from the vagina and cervix.

Description of Post-Service Work: The patient is transferred to a stretcher and escorted to the recovery room. Monitor patient's stability in the recovery room. Write orders. Dictate operative report. Communicate with patient, family, and other health care professionals. Pay careful attention to fluid volume and electrolyte status. Order/manage medications. Discharge management includes the physician's final examination of the patient, instructions for continuing care, and preparation of discharge records.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	George Hill, MD and Jon Hathaway, MD		
Specialty(s):	Obstetrics/Gynecology and Gynecology/Oncology		
CPT Code:	58560		
Sample Size:	3045	**Resp N:** 31	**Response:** 1.0 %
Description of Sample:	The Research Subcommittee approved the use of targeted samples for this family of codes. The 'targeted samples' were sub-specialty organizations (i.e. the American Association of Gynecologic Laparoscopists and the Society of Gynecologic Oncology). The surveys were sent to 3045 US practicing MDs: • AAGL – 1000 randomly selected US/MDs • SGO – 1045 all US/MD membership • ACOG – 1000 randomly selected US/MDs		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	5.00	30.00
Survey RVW:	3.00	4.05	**6.90**	8.00	13.85
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	5.00	30.00	**40.00**	45.00	60.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58560	**Recommended Physician Work RVU: 6.15**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52282	000	6.39	**RUC Time**

CPT Descriptor Cystourethroscopy, with insertion of permanent urethral stent

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
59072	000	8.99	**RUC Time**

CPT Descriptor Fetal umbilical cord occlusion, including ultrasound guidance

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	21,631

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	000		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11 **% of respondents:** 35.4 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 19.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 58560	Top Key Reference CPT Code: 52282	2nd Key Reference CPT Code: **59072**
Median Pre-Service Time	56.00	40.00	85.00
Median Intra-Service Time	40.00	50.00	60.00
Median Immediate Post-service Time	20.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**116.00**	**120.00**	**175.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.82	0.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.82	0.17
Urgency of medical decision making	0.18	-0.17

Technical Skill/Physical Effort (Mean)

Technical skill required	0.73	1.17
Physical effort required	1.00	0.83

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.09	0.33
Outcome depends on the skill and judgment of physician	1.00	0.67
Estimated risk of malpractice suit with poor outcome	0.73	-0.33

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.36	0.67

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the NPRM for 2016 CMS re-ran the 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 CY2010. CPT Code 58555 *hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C* was one of the codes identified by CMS review.

Methodology

ACOG identified CPT Codes 58555, 58559, 58560, 58561, 58562 and 58563 as part of the family. The Research Subcommittee approved updated vignettes for this family of codes. The RS also approved the use of targeted samples for this family of codes. The 'targeted samples' were sub-specialty organizations (i.e. the American Association of Gynecologic Laparoscopists and the Society of Gynecologic Oncology). The surveys were sent to 3045 US practicing MDs:

- AAGL – 1000 randomly selected US/MDs
- SGO – 1045 all US/MD membership
- ACOG – 1000 randomly selected US/MDs

Intensity

A significant change in technology and the patient population has occurred since these codes were last valued at the RUC. Hysterectomy rates both open and minimally invasive continue to decline yearly in the United States. This statistic is directly related to improvements in both medical and surgical technology. Most significantly, advances in hysteroscopic technology allow us now to treat women with this uterine sparing procedure who would have had a hysterectomy in 1997. In addition, advances in endometrial ablative techniques allow us to provide relief to women from dysfunctional bleeding, a leading cause of hysterectomy.

Specifically, improvements to optics, and pump inflation systems allow greater and more accurate visualization. While this is likely to decrease intraservice time, it is also likely to allow us to attempt to manipulate and correct larger more clinically significant lesions. This may decrease surveyed intraservice times, but increases the intensities during the same or lessor time frames. Second,

improvements in design and safety of instruments to be used for resection, allow us to attempt removal of larger more complex lesions, in more difficult and challenging locations. Third, with the advent of improved pump systems, the risk of significant injury due to intravasation of fluid has increased and this can lead to electrolyte disturbances, cerebral edema and cardiovascular collapse.

Therefore, while technology has allowed intraservice time to decrease, the cases we are doing and patients we are caring for have become more complex and therefore the intensity is higher.

We are recommending the current value of 6.90 for CPT code 58560. We believe our recommendations compare favorably within our specialty and maintain relativity within the fee schedule.

Pre and Post Service Time Packages

We recommend pre-service package 3 *straightforward patient/difficult procedure* and post-service package 9B *General Anesthesia or Complex Regional Block/Complex Procedure*. We included 5 additional minutes in positioning time for the Dorsal Lithotomy position.

Reference Codes

Our recommendations compare favorably to reference service codes 52282 *Cystourethroscopy, with insertion of permanent urethral stent* and 59072 *Fetal umbilical cord occlusion, including ultrasound guidance.*

CPT Code 52282 is a similar procedure to surveyed code 58560. CPT Code 52282 has 10 additional minutes of intraservice time with a wRVU of 6.39, but the procedures have almost identical total times. 58560 involves resecting a uterine septum and restoring normal anatomy to the uterine cavity. An intrauterine stent of some type would be placed after the completion of the resection of the septum. CPT code 58560 is more intense than CPT Code 52282. While they both involve the placement of a stent after the procedure, the 58560 will typically require the resection of a larger area of fibrous tissue to restore the normal endometrial cavity as opposed to dilating the urethral stricture and placing a stent.

CPT Code 59072, the second most commonly selected reference code, has 60 minutes of intraservice time (wRVU 8.99) compared to 40 minutes for 58560. While 59072 has more preservice and postservice time, their intensities are similar. This represents an approximate 33% reduction in time compared to the reference, however 58960 is more intense and therefore the wRVU recommendation for 58560 of 6.90 is appropriate compared to the wRVU of 59072. This recommendation also maintains rank order with 58559 and the family of codes.

MPCS

Our recommendations compare favorably to MPC code 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included).* The codes have almost identical total time while 52352 has 5 additional minutes of intraservice time. 58560 is more intense than 52352. 58560 will typically require the resection of a larger area of fibrous tissue to restore the normal endometrial cavity as opposed to removal or manipulation of a calculus.

Other Comparisons

Our recommendations compare favorably to CPT code 52344 *Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision).* CPT Code 58560 has less total time (116 vs 125) and 5 minutes less intraservice time, which supports a slightly lower wRVU for 58560 of 6.90 vs 7.05.

Recommendations within this Code Set

Our recommendation of 6.90 work RVUs for CPT Code 58560 also maintains relativity with our work recommendation of 6.16 for CPT Code 58559. There are significant differences in the level of intensity of 58559 and 58560 that justify the difference in RVU, even though they have the same time. In fact, when they were last surveyed 18 years ago, the RUC came to the same conclusion, with no differences in time, as the current survey shows. While we may be faster at these procedures now due to today's technology and improved expertise, there are still differences in the primary physiology of the pathology that proves the prior conclusion on increased intensity and increased IWPUT. In both, the division can easily result in intravasation of large volumes of fluid—either in uterine perforation or vascular interruption. However, the division of a septum is more fibrous and more difficult. Second, both procedures require the post-operative presence of a balloon to keep the cavity open, but in the septum removal, the balloon is also used to tamponade the bleeding vascular—arterial and venous—bed within the myometrium. Third, the division of adhesions is the surface restoration of a pathologic state, but the removal of a septum is a fundamental developmental defect. Thus, the intensity of the procedure, the inherent risk to the patient and the fundamental flaw are different for these two procedures.

	CPT Code	Work RVU	Total Time	Pre Eval Time	Pre Pos Time	SDW	Intra Time	Post Time	IWPUT
SURVEYED	58559	6.16	116	*33*	*8*	*15*	40	*20*	0.117
Reference	52282	6.39	120	40			50	30	0.096

MPC	52352	6.75	118	*33*	*5*	*15*	45	*20*	0.118
SURVEYED	58560	6.90	116	*33*	*8*	*15*	40	*20*	0.135
Other	52344	7.05	125	*40*	*10*	*10*	45	*20*	0.120
Reference	59072	8.99	175	*40*	*30*	*15*	*60*	*30*	0.111

Based on all of these factors we believe a work value of 6.90 is appropriate for CPT Code 58560.

Conclusion

The Society makes the following recommendations based on survey data and relativity within the specialty and the overall fee schedule:

	CPT Code	Work RVU	Total Time	Pre Eval Time	Pre Pos Time	SDW	Intra Time	Post Time	IWPUT
Reference	52287	3.20	58	*7*	*5*	*10*	21	*15*	0.120
SURVEYED	58555	3.33	96	*33*	*8*	*15*	20	*20*	0.092
Reference	57461	3.43	58	15			28	15	0.099
MPC	52214	3.50	79	*19*	*5*	*5*	30	*20*	0.083
MPC	15002	3.65	115	*45*	*15*	*15*	20	*20*	0.087
Other	16035	3.74	70	*30*	*0*	*0*	20	*20*	0.131
MPC	52224	4.05	79	*19*	*5*	*5*	30	*20*	0.101
Other	43243	4.37	91	*33*	*3*	*5*	30	*20*	0.103
SURVEYED	58562	4.50	101	*33*	*8*	*15*	25	*20*	0.120
Other	52441	4.50	93	*17*	*5*	*20*	30	*21*	0.113
Other & Crosswalk	52234	4.62	79	*19*	*5*	*5*	30	*20*	0.120
SURVEYED	58563	4.62	106	*33*	*8*	*15*	30	*20*	0.104
SURVEYED	58558	4.63	106	*33*	*8*	*15*	30	*20*	0.105
Other	52275	4.69	90	*30*	*0*	*0*	30	*30*	0.112
MPC	37191	4.71	83	*30*	*3*	*5*	30	*15*	0.120
Reference	57155	5.40	133	*33*	*5*	*5*	60	*30*	0.064
MPC	52235	5.44	94	*19*	*5*	*5*	45	*20*	0.098
Other	93456	6.15	118	*40*	*3*	*5*	40	*30*	0.112
SURVEYED	58559	6.16	116	*33*	*8*	*15*	40	*20*	0.117
Reference	52282	6.39	120	40			50	30	0.096
MPC	52352	6.75	118	*33*	*5*	*15*	45	*20*	0.118
SURVEYED	58560	6.90	116	*33*	*8*	*15*	40	*20*	0.135
SURVEYED	58561	7.00	121	*33*	*8*	*15*	45	*20*	0.122
Other	52344	7.05	125	*40*	*10*	*10*	45	*20*	0.120
Other	53445	7.55	135	*45*	*10*	*15*	45	*20*	0.128

Reference	59072	8.99	175	*40*	*30*	*15*	*60*	*30*	0.111

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58560

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Obstetrics/gynecology How often? Commonly

Specialty gynecology/oncology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 53 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Medicare Data

Specialty obstetrics/gynecology Frequency 50 Percentage 94.33 %

Specialty gynecology/oncology Frequency 2 Percentage 3.77 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 58560

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58561 Tracking Number Original Specialty Recommended RVU: **7.00**
Presented Recommended RVU: **7.00**
Global Period: 000 RUC Recommended RVU: **7.00**

CPT Descriptor: Hysteroscopy, surgical; with removal of leiomyomata

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35 year old nulligravid woman presented with menorrhagia. Her evaluation suggests a submucosal leiomyomata. A hysteroscopy with removal of leiomyomata is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 46%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 8%

Description of Pre-Service Work: Review previous work-ups. Update history and physical examination. Communicate with the patient and/or family to explain the indications for the procedure, as well as the operative risks and benefits, and to obtain informed consent. Verify all necessary equipment and supplies are available and compatible. Confirm proper positioning (high dorsal lithotomy). Scrub, dress and wait. Time out is performed.

Description of Intra-Service Work: A bimanual pelvic examination is performed to assess uterine size, position, and mobility. The adnexa and posterior cul de sac are palpated for the presence of masses or nodularity. The bladder is drained with a catheter. The cervix is exposed, grasped, and dilated to accommodate the diagnostic hysteroscope. The uterine sound is passed. The hysteroscope is inserted and the physician confirms proper pressure setting of the pump or gravity flow to adequately distend the endometrial cavity. The entire endometrial cavity is examined, including the anterior, posterior, fundal, and lateral walls and bilateral tubal ostia. The endocervical canal is examined. Hysteroscopy reveals submucous myomas. The myomas are resected. Fluid volumes are continuously monitored. Hemostasis is secured by fulguration and/or by insertion of a Foley catheter for tamponade. The hysteroscope is removed from the uterus. The cervix is checked for bleeding from a puncture site or laceration. All instruments are removed from the vagina and cervix.

Description of Post-Service Work: The patient is transferred to a stretcher and escorted to the recovery room. Monitor patient's stability in the recovery room. Write orders. Dictate operative report. Communicate with patient, family, and other health care professionals. Pay careful attention to fluid volume and electrolyte status. Order/manage medications. Discharge management includes the physician's final examination of the patient, instructions for continuing care, and preparation of discharge records.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	George Hill, MD and Jon Hathaway, MD		
Specialty(s):	Obstetrics/Gynecology and Gynecology/Oncology		
CPT Code:	58561		
Sample Size:	3045	**Resp N:** 48	**Response:** 1.5 %
Description of Sample:	The Research Subcommittee approved the use of targeted samples for this family of codes. The 'targeted samples' were sub-specialty organizations (i.e. the American Association of Gynecologic Laparoscopists and the Society of Gynecologic Oncology). The surveys were sent to 3045 US practicing MDs: • AAGL – 1000 randomly selected US/MDs • SGO – 1045 all US/MD membership • ACOG – 1000 randomly selected US/MDs		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**5.00**	15.00	50.00
Survey RVW:	3.00	4.63	**7.00**	8.99	20.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	15.00	30.00	**45.00**	60.00	75.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58561	**Recommended Physician Work RVU: 7.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52282	000	6.39	**RUC Time**

CPT Descriptor Cystourethroscopy, with insertion of permanent urethral stent

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
59072	000	8.99	**RUC Time**

CPT Descriptor Fetal umbilical cord occlusion, including ultrasound guidance

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	21,631

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	000		**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 33.3 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 22.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 58561	Top Key Reference CPT Code: 52282	2nd Key Reference CPT Code: **59072**
Median Pre-Service Time	56.00	40.00	85.00
Median Intra-Service Time	45.00	50.00	60.00
Median Immediate Post-service Time	20.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**121.00**	**120.00**	**175.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.94	0.64
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.75	0.55
Urgency of medical decision making	0.44	0.09

Technical Skill/Physical Effort (Mean)

Technical skill required	1.00	1.36
Physical effort required	1.00	1.36

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.13	0.64
Outcome depends on the skill and judgment of physician	1.00	1.18
Estimated risk of malpractice suit with poor outcome	1.00	0.45

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.38	1.27

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the NPRM for 2016 CMS re-ran the 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 CY2010. CPT Code 58555 *hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C* was one of the codes identified by CMS review.

Methodology

ACOG identified CPT Codes 58555, 58559, 58560, 58561, 58562 and 58563 as part of the family. The Research Subcommittee approved updated vignettes for this family of codes. The RS also approved the use of targeted samples for this family of codes. The 'targeted samples' were sub-specialty organizations (i.e. the American Association of Gynecologic Laparoscopists and the Society of Gynecologic Oncology). The surveys were sent to 3045 US practicing MDs:

- AAGL – 1000 randomly selected US/MDs
- SGO – 1045 all US/MD membership
- ACOG – 1000 randomly selected US/MDs

Intensity

A significant change in technology and the patient population has occurred since these codes were last valued at the RUC. Hysterectomy rates both open and minimally invasive continue to decline yearly in the United States. This statistic is directly related to improvements in both medical and surgical technology. Most significantly, advances in hysteroscopic technology allow us now to treat women with this uterine sparing procedure who would have had a hysterectomy in 1997. In addition, advances in endometrial ablative techniques allow us to provide relief to women from dysfunctional bleeding, a leading cause of hysterectomy.

Specifically, improvements to optics, and pump inflation systems allow greater and more accurate visualization. While this is likely to decrease intraservice time, it is also likely to allow us to attempt to manipulate and correct larger more clinically significant lesions. This may decrease surveyed intraservice times, but increases the intensities during the same or lessor time frames. Second, improvements in design and safety of instruments to be used for resection, allow us to attempt removal of larger more complex

lesions, in more difficult and challenging locations. Third, with the advent of improved pump systems, the risk of significant injury due to intravasation of fluid has increased and this can lead to electrolyte disturbances, cerebral edema and cardiovascular collapse.

Therefore, while technology has allowed intraservice time to decrease, the cases we are doing and patients we are caring for have become more complex and therefore the intensity is higher.

We are recommending the median survey value of 7.00 for CPT Code 58561. Despite a 40% decrease in intraservice time when compared to the 1997 RUC survey, our median value of 7.00 wRVUs represents a 30% decrease in value, we feel strongly that our arguments fully explains an increase in intensity which supports this recommended value. We also believe our recommendation compares favorably within our specialty and maintains relativity within the fee schedule.

Pre and Post Service Time Packages

We recommend pre-service package 3 *straightforward patient/difficult procedure* and post-service package 9B *General Anesthesia or Complex Regional Block/Complex Procedure*. We included 5 additional minutes in positioning time for the Dorsal Lithotomy position.

Reference Codes

Our recommendation compares favorably to our reference codes 52282 *Cystourethroscopy, with insertion of permanent ureteral stent* and 59072 *Fetal umbilical cord occlusion, including ultrasound guidance*.

The CPT code 52282 with RVU 6.39 is comparable to the survey code 58561 because both are zero day global procedures with the same total time and similar intraop time in a clinically stable patient. Both procedures involve operating inside a hollow cavity through a narrow channel. Although the intraoperative time for 52282 is longer by 5 minute the work intensity is higher with 58561 because the potential for perforation of the uterus is present every time the electrode is activated for resection. In addition, the visualization is frequently challenging with 58561.

The work intensity for 59072 is similar as the surgery is performed under ultrasound control whereas the visualization in 58561 is challenging in a difference sense as explained above with higher risk of uterine perforation for patient. The approach to the site of surgery is similar with instruments being passed through a narrow channel and surgery being performed on a structure within the uterine cavity.

MPCs

Our recommendation compares favorably to MPC codes 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included).* MPC code 52352 is very similar to our recommendation with similar total time and intraoperative time. The procedures are also similar with surgery taking place inside a cavity approached through a narrow channel.

Other Comparisons

Our recommendation compares favorably to CPT code 52344 *Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)* and 52345 *Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision).* CPT Code 52344 is also very similar in total work time, intraoperative time as well as the intensity and type of work performed. 52344 is similar to 58561 in that electrocautery is used to resect structure with attendant risk of perforation.

Recommendations within this Code Set

Our recommendation of 7.00 work RVUs for CPT Code 58561 also maintains relativity with our work recommendation of 6.90 for CPT Code 58560. There is increase intra-operative time with this procedure as opposed to 58560 because the chips of fibroids have to be removed from the uterine cavity frequently to maintain visualization and every time the hysteroscope is removed and re-inserted, visualization is lost and time is spent in obtaining good visualization again. Even with the new technology of hysteroscopic morcellation, the procedure is slow as the morcellator resects the fibroid systematically. The total time taken therefore is similar for both hysteroscopic morcellation and hysteroscopic resection in the end. In addition, the intensity during the procedure is higher than with division of the septum as bleeding is more common thus obscuring vision, chips of resected fibroid add to decreased visualization and the potential for uterine perforation is much higher. All this makes the procedure more time consuming and challenging than division of septum with higher risks for the patient.

	CPT Code	Work RVU	Total Time	Pre Eval Time	Pre Pos Time	SDW	Intra Time	Post Time	IWPUT
Reference	52282	6.39	120	40			50	30	0.096
MPC	52352	6.75	118	*33*	*5*	*15*	45	*20*	0.118
SURVEYED	58561	7.00	121	*33*	*8*	*15*	45	*20*	0.122

Other	52344	7.05	125	*40*	*10*	*10*	45	*20*	0.120
Other	53445	7.55	135	*45*	*10*	*15*	45	*20*	0.128
Reference	59072	8.99	175	*40*	*30*	*15*	*60*	*30*	0.111

Based on all of these factors we believe a work value of 7.00 is appropriate for CPT Code 58561.

Conclusion

The Society makes the following recommendations based on survey data and relativity within the specialty and the overall fee schedule:

	CPT Code	Work RVU	Total Time	Pre Eval Time	Pre Pos Time	SDW	Intra Time	Post Time	IWPUT
Reference	52287	3.20	58	*7*	*5*	*10*	21	*15*	0.120
SURVEYED	58555	3.33	96	*33*	*8*	*15*	20	*20*	0.092
Reference	57461	3.43	58	15			28	15	0.099
MPC	52214	3.50	79	*19*	*5*	*5*	30	*20*	0.083
MPC	15002	3.65	115	*45*	*15*	*15*	20	*20*	0.087
Other	16035	3.74	70	*30*	*0*	*0*	20	*20*	0.131
MPC	52224	4.05	79	*19*	*5*	*5*	30	*20*	0.101
Other	43243	4.37	91	*33*	*3*	*5*	30	*20*	0.103
SURVEYED	58562	4.50	101	*33*	*8*	*15*	25	*20*	0.120
Other	52441	4.50	93	*17*	*5*	*20*	30	*21*	0.113
Other & Crosswalk	52234	4.62	79	*19*	*5*	*5*	30	*20*	0.120
SURVEYED	58563	4.62	106	*33*	*8*	*15*	30	*20*	0.104
SURVEYED	58558	4.63	106	*33*	*8*	*15*	30	*20*	0.105
Other	52275	4.69	90	*30*	*0*	*0*	30	*30*	0.112
MPC	37191	4.71	83	*30*	*3*	*5*	30	*15*	0.120
Reference	57155	5.40	133	*33*	*5*	*5*	60	*30*	0.064
MPC	52235	5.44	94	*19*	*5*	*5*	45	*20*	0.098
Other	93456	6.15	118	*40*	*3*	*5*	40	*30*	0.112
SURVEYED	58559	6.16	116	*33*	*8*	*15*	40	*20*	0.117
Reference	52282	6.39	120	40			50	30	0.096
MPC	52352	6.75	118	*33*	*5*	*15*	45	*20*	0.118
SURVEYED	58560	6.90	116	*33*	*8*	*15*	40	*20*	0.135
SURVEYED	58561	7.00	121	*33*	*8*	*15*	45	*20*	0.122
Other	52344	7.05	125	*40*	*10*	*10*	45	*20*	0.120
Other	53445	7.55	135	*45*	*10*	*15*	45	*20*	0.128
Reference	59072	8.99	175	*40*	*30*	*15*	*60*	*30*	0.111

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58561

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Obstetrics/gynecology How often? Commonly

Specialty gynecology/oncology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,960
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Medicare Data

Specialty obstetrics/gynecology Frequency 1902 Percentage 97.04 %

Specialty gynecology/oncology Frequency 40 Percentage 2.04 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 58561

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58562 Tracking Number Original Specialty Recommended RVU: **4.50**
Presented Recommended RVU: **4.50**
Global Period: 000 RUC Recommended RVU: **4.17**

CPT Descriptor: Hysteroscopy, surgical; with removal of impacted foreign body

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 34 year old woman presents with an impacted IUD that could not be removed by her office based physician. A hysteroscopy with resection of impacted foreign body is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 42%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 16%

Description of Pre-Service Work: Review previous work-ups. Update history and physical examination. Communicate with the patient and/or family to explain the indications for the procedure, as well as the operative risks and benefits, and to obtain informed consent. Verify all necessary equipment and supplies are available and compatible. Confirm proper positioning (high dorsal lithotomy). Scrub, dress and wait. Time out is performed.

Description of Intra-Service Work: A bimanual pelvic examination is performed to assess uterine size, position, and mobility. The adnexa and posterior cul de sac are palpated for the presence of masses or nodularity. The bladder is drained with a catheter. The cervix is exposed, grasped, and dilated to accommodate the hysteroscope. The uterine sound is passed. The hysteroscope is inserted and the physician confirms proper pressure setting of the pump or gravity flow to adequately distend the endometrial cavity. The entire endometrial cavity is examined, including the anterior, posterior, fundal, and lateral walls and bilateral tubal ostia. The endocervical canal is examined. The intrauterine device is located and noted to be partially imbedded in the wall of the uterus. The IUD is dissected out of the uterine wall and removed from the uterine cavity. Fluid volumes are continuously monitored. The hysteroscope is removed from the uterus. The cervix is checked for bleeding from a puncture site or laceration. All instruments are removed from the vagina and cervix.

Description of Post-Service Work: The patient is transferred to a stretcher and escorted to the recovery room. Monitor patient's stability in the recovery room. Write orders. Dictate operative report. Communicate with patient, family, and other health care professionals. Pay careful attention to fluid volume and electrolyte status. Order/manage medications. Discharge management includes the physician's final examination of the patient, instructions for continuing care, and preparation of discharge records.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	George Hill, MD and Jon Hathaway, MD		
Specialty(s):	Obstetrics/Gynecology and Gynecology/Oncology		
CPT Code:	58562		
Sample Size:	3045	**Resp N:** 57	**Response:** 1.8 %
Description of Sample:	The Research Subcommittee approved the use of targeted samples for this family of codes. The 'targeted samples' were sub-specialty organizations (i.e. the American Association of Gynecologic Laparoscopists and the Society of Gynecologic Oncology). The surveys were sent to 3045 US practicing MDs: • AAGL – 1000 randomly selected US/MDs • SGO – 1045 all US/MD membership • ACOG – 1000 randomly selected US/MDs		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	4.00	30.00
Survey RVW:	1.99	3.20	**4.50**	6.50	13.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	5.00	20.00	**25.00**	40.00	60.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58562	**Recommended Physician Work RVU: 4.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52282	000	6.39	**RUC Time**

CPT Descriptor Cystourethroscopy, with insertion of permanent urethral stent

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
57461	000	3.43	**RUC Time**

CPT Descriptor Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	46,995

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	48,723

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 26.3 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 17.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 58562	**Top Key Reference CPT Code:** 52282	**2nd Key Reference CPT Code:** **57461**
Median Pre-Service Time	56.00	40.00	15.00
Median Intra-Service Time	25.00	50.00	28.00
Median Immediate Post-service Time	20.00	30.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**101.00**	**120.00**	**58.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.27	0.30
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.33	0.30
Urgency of medical decision making	0.07	0.50

Technical Skill/Physical Effort (Mean)		
Technical skill required	0.67	0.60
Physical effort required	0.53	0.40
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.60	0.50
Outcome depends on the skill and judgment of physician	0.67	0.60
Estimated risk of malpractice suit with poor outcome	0.47	1.10

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.73	0.80

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the NPRM for 2016 CMS re-ran the 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 CY2010. CPT Code 58555 *hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C* was one of the codes identified by CMS review.

Methodology

ACOG identified CPT Codes 58555, 58559, 58560, 58561, 58562 and 58563 as part of the family. The Research Subcommittee approved updated vignettes for this family of codes. The RS also approved the use of targeted samples for this family of codes. The 'targeted samples' were sub-specialty organizations (i.e. the American Association of Gynecologic Laparoscopists and the Society of Gynecologic Oncology). The surveys were sent to 3045 US practicing MDs:

- AAGL – 1000 randomly selected US/MDs
- SGO – 1045 all US/MD membership
- ACOG – 1000 randomly selected US/MDs

Intensity

A significant change in technology and the patient population has occurred since these codes were last valued at the RUC. Hysterectomy rates both open and minimally invasive continue to decline yearly in the United States. This statistic is directly related to improvements in both medical and surgical technology. Most significantly, advances in hysteroscopic technology allow us now to treat women with this uterine sparing procedure who would have had a hysterectomy in 1997. In addition, advances in endometrial ablative techniques allow us to provide relief to women from dysfunctional bleeding, a leading cause of hysterectomy.

Specifically, improvements to optics, and pump inflation systems allow greater and more accurate visualization. While this is likely to decrease intraservice time, it is also likely to allow us to attempt to manipulate and correct larger more clinically significant lesions. This may decrease surveyed intraservice times, but increases the intensities during the same or lessor time frames. Second, improvements in design and safety of instruments to be used for resection, allow us to attempt removal of larger more complex

lesions, in more difficult and challenging locations. Third, with the advent of improved pump systems, the risk of significant injury due to intravasation of fluid has increased and this can lead to electrolyte disturbances, cerebral edema and cardiovascular collapse.

Therefore, while technology has allowed intraservice time to decrease, the cases we are doing and patients we are caring for have become more complex and therefore the intensity is higher.

We are recommending the median survey value of 4.50 for CPT Code 58562. We believe our recommendation compares favorably within our specialty and maintains relativity within the fee schedule.

Pre and Post Service Time Packages

We recommend pre-service package 3 *straightforward patient/difficult procedure* and post-service package 9B *General Anesthesia or Complex Regional Block/Complex Procedure*. We included 5 additional minutes in positioning time for the Dorsal Lithotomy position.

Reference Codes

Our recommendation compares favorably to our reference codes 52282 *Cystourethroscopy, with insertion of permanent urethral stent* and 57461 *Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix.*

CPT code 52282 involves using a similar scope to introduce a foreign body, which is similar to CPT code 58562. The work RVU is higher, consistent with the higher intra service time, post service time, total time but lower IWPUT. The dilation and placement of the stent is similar to the dilation of the cervix to place the scope and the removal of the foreign body in our code adds to the complexity of our code, including the disruption of normal tissue to remove the implanted foreign body.

CPT code 57461 uses the same positioning, but does not go beyond the vagina. The work RVU is lower, consistent with a lower pre service time, post service time and total time. The intensity is also lower as there is no placement of a scope through the cervix or risk of major complication.

MPCs

Our recommendation compares favorably to MPC codes 52224 *Cystoscopy with fulgaration of a minor (<5mm) lesion with or without biopsy* and 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed*

CPT Code 52224 has a slightly longer intraservice time of 30 minutes, a shorter total time of 79 minutes and an lower IWPUT of 0.1008, and is valued lower at 4.05. CPT Code 37191 also has an intraservice time of 30 minutes and a slightly longer total time of 83 minutes and an higher IWPUT of 0.1198 and is valued higher at 4.71. Our procedure requires the dilation of the cervix before placing the scope which is an extra step when compared with cystoscopy. Because the uterus can vary in position, the correct path to dilate will also vary and perforation is not uncommon. This procedure requires removing an embedded object, usually an IUD, which is specifically designed to be difficult to come out, even when placed properly. This procedure is done in the OR due to the elevated risk of complication. Thus the increased IWPUT is justifiable.

CPT Code 37191 is usually done as a percutaneous procedure, it can be done in a procedure suite rather than an OR. No special positioning is required. The intensity is higher and thus this code is valued higher.

Other Comparisons

Our recommendation compares favorably to CPT Codes 43243 *Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices* and 52441 *Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant.*

CPT Code 43243 has slightly more intraservice time (30 minutes vs 25 minutes) but lower total time (91 minutes vs 115 minutes) and has a similar IWPUT of 0.1025. Similar to our code, a scope is used to visualize and correct pathology and is usually done in the hospital in the outpatient setting. Unlike ours, no dilation is necessary and no special positioning is needed. As such, it has a slightly lower work RVU of 4.37.

CPT code 52441 has the same work RVU and slightly less total time. It does have more intraservice time but less intensity. It also uses a scope to visualize and correct pathology. This code most closely matches what we do.

Recommendations within this Code Set

There are significant differences in the level of intensity of 58558 (Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C) and 58562 (Hysteroscopy, surgical; with removal of impacted foreign body) that justify the difference in RVU, even though they have the same time. In fact, when they were last surveyed 18 years ago, the RUC came to the same conclusion, with no differences in time, as the current survey shows. While we may be faster at these procedures now due to today's technology and improved expertise, there are still differences in the primary physiology of the pathology that proves the prior conclusion on increased intensity and increased IWPUT. First, the removal of a polyp is the trimming of the endometrial overgrowth back to the normal state, but removal of an impacted foreign body requires the disruption of normal tissue. Also, the basic physiology of the endometrium allows for the physiologic and mechanical disruption of the vascularity, but the myometrium is not designed for mechanical or physiologic disruption. Removal of foreign bodies can sometimes result in significant myometrial vascular disruption and require a balloon to tamponade the injured myometrium.

	CPT Code	Work RVU	Total Time	Pre Eval Time	Pre Pos Time	SDW	Intra Time	Post Time	IWPUT
Reference	57461	3.43	58	15			28	15	0.099
MPC	52224	4.05	79	*19*	*5*	*5*	30	*20*	0.101
Other	43243	4.37	91	*33*	*3*	*5*	30	*20*	0.103
SURVEYED	58562	4.50	101	*33*	*8*	*15*	25	*20*	0.120
Other	52441	4.50	93	*17*	*5*	*20*	30	*21*	0.113
SURVEYED	58558	4.63	106	*33*	*8*	*15*	30	*20*	0.105
MPC	37191	4.71	83	*30*	*3*	*5*	30	*15*	0.120
Reference	52282	6.39	120	40			50	30	0.096

Based on all of these factors we believe a work value of 4.50 is appropriate for CPT Code 58562.

Conclusion

The Society makes the following recommendations based on survey data and relativity within the specialty and the overall fee schedule:

	CPT Code	Work RVU	Total Time	Pre Eval Time	Pre Pos Time	SDW	Intra Time	Post Time	IWPUT
Reference	52287	3.20	58	*7*	*5*	*10*	21	*15*	0.120
SURVEYED	58555	3.33	96	*33*	*8*	*15*	20	*20*	0.092
Reference	57461	3.43	58	15			28	15	0.099
MPC	52214	3.50	79	*19*	*5*	*5*	30	*20*	0.083
MPC	15002	3.65	115	*45*	*15*	*15*	20	*20*	0.087
Other	16035	3.74	70	*30*	*0*	*0*	20	*20*	0.131
MPC	52224	4.05	79	*19*	*5*	*5*	30	*20*	0.101
Other	43243	4.37	91	*33*	*3*	*5*	30	*20*	0.103

SURVEYED	58562	4.50	101	*33*	*8*	*15*	25	*20*	0.120
Other	52441	4.50	93	*17*	*5*	*20*	30	*21*	0.113
Other & Crosswalk	52234	4.62	79	*19*	*5*	*5*	30	*20*	0.120
SURVEYED	58563	4.62	106	*33*	*8*	*15*	30	*20*	0.104
SURVEYED	58558	4.63	106	*33*	*8*	*15*	30	*20*	0.105
Other	52275	4.69	90	*30*	*0*	*0*	30	*30*	0.112
MPC	37191	4.71	83	*30*	*3*	*5*	30	*15*	0.120
Reference	57155	5.40	133	*33*	*5*	*5*	60	*30*	0.064
MPC	52235	5.44	94	*19*	*5*	*5*	45	*20*	0.098
Other	93456	6.15	118	*40*	*3*	*5*	40	*30*	0.112
SURVEYED	58559	6.16	116	*33*	*8*	*15*	40	*20*	0.117
Reference	52282	6.39	120	40			50	30	0.096
MPC	52352	6.75	118	*33*	*5*	*15*	45	*20*	0.118
SURVEYED	58560	6.90	116	*33*	*8*	*15*	40	*20*	0.135
SURVEYED	58561	7.00	121	*33*	*8*	*15*	45	*20*	0.122
Other	52344	7.05	125	*40*	*10*	*10*	45	*20*	0.120
Other	53445	7.55	135	*45*	*10*	*15*	45	*20*	0.128
Reference	59072	8.99	175	*40*	*30*	*15*	*60*	*30*	0.111

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58562

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Obstetrics/gynecology How often? Commonly

Specialty gynecology/oncology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 201
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Medicare Data

Specialty obstetrics/gynecology Frequency 195 Percentage 97.01 %

Specialty gynecology/oncology Frequency 5 Percentage 2.48 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 58562

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58563 Tracking Number Original Specialty Recommended RVU: **4.62**
Presented Recommended RVU: **4.62**
Global Period: 000 RUC Recommended RVU: **4.62**

CPT Descriptor: Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 44 year old woman presents for management of menorrhagia, unresponsive to medical management. A hysteroscopy with endometrial ablation is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 45%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 14%

Description of Pre-Service Work: Review previous work-ups. Update history and physical examination. Communicate with the patient and/or family to explain the indications for the procedure, as well as the operative risks and benefits, and to obtain informed consent. Verify all necessary equipment and supplies are available and compatible. Confirm proper positioning (high dorsal lithotomy). Scrub, dress and wait. Time out is performed.

Description of Intra-Service Work: A bimanual pelvic examination is performed to assess uterine size, position, and mobility. The adnexa and posterior cul de sac are palpated for the presence of masses or nodularity. The bladder is drained with a catheter. The cervix is progressively dilated to accommodate the diagnostic hysteroscope. The hysteroscope is inserted and the physician confirms proper pressure setting of the pump or gravity flow to adequately distend the endometrial cavity. The entire endometrial cavity is examined, including the anterior, posterior, fundal, and lateral walls and bilateral tubal ostia. The endocervical canal is examined. A curettage may be performed. The entire endometrium is ablated. Fluid volumes are continuously monitored. The hysteroscope is removed from the uterus. The cervix is checked for bleeding from a puncture site or laceration. All instruments are removed from the vagina and cervix.

Description of Post-Service Work: The patient is transferred to a stretcher and escorted to the recovery room. Monitor patient's stability in the recovery room. Write orders. Dictate operative report. Communicate with patient, family, and other health care professionals. Pay careful attention to fluid volume and electrolyte status. Order/manage medications. Discharge management includes the physician's final examination of the patient, instructions for continuing care, and preparation of discharge records.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	George Hill, MD and Jon Hathaway, MD		
Specialty(s):	Obstetrics/Gynecology and Gynecology/Oncology		
CPT Code:	58563		
Sample Size:	3045	**Resp N:** 44	**Response:** 1.4 %
Description of Sample:	The Research Subcommittee approved the use of targeted samples for this family of codes. The 'targeted samples' were sub-specialty organizations (i.e. the American Association of Gynecologic Laparoscopists and the Society of Gynecologic Oncology). The surveys were sent to 3045 US practicing MDs: • AAGL – 1000 randomly selected US/MDs • SGO – 1045 all US/MD membership • ACOG – 1000 randomly selected US/MDs		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**10.00**	27.00	40.00
Survey RVW:	2.53	3.98	**5.73**	8.08	20.00
Pre-Service Evaluation Time:			**43.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	8.00	20.00	**30.00**	45.00	90.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58563	**Recommended Physician Work RVU: 4.62**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52282	000	6.39	**RUC Time**

CPT Descriptor Cystourethroscopy, with insertion of permanent urethral stent

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
59072	000	8.99	**RUC Time**

CPT Descriptor Fetal umbilical cord occlusion, including ultrasound guidance

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52224	000	4.05	**RUC Time**	46,995

CPT Descriptor 1 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.71	**RUC Time**	48,723

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 31.8 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 15.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 58563	**Top Key Reference CPT Code:** 52282	**2nd Key Reference CPT Code:** **59072**
Median Pre-Service Time	56.00	40.00	85.00
Median Intra-Service Time	30.00	50.00	60.00
Median Immediate Post-service Time	20.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**106.00**	**120.00**	**175.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.93	0.57
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.64	0.29
Urgency of medical decision making	0.29	0.43

Technical Skill/Physical Effort (Mean)

Technical skill required	0.14	1.29
Physical effort required	0.21	1.14

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.57	0.71
Outcome depends on the skill and judgment of physician	0.29	0.71
Estimated risk of malpractice suit with poor outcome	0.43	1.00

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.57	0.71

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In the NPRM for 2016 CMS re-ran the 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 CY2010. CPT Code 58555 *hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C* was one of the codes identified by CMS review.

Methodology

ACOG identified CPT Codes 58555, 58559, 58560, 58561, 58562 and 58563 as part of the family. The Research Subcommittee approved updated vignettes for this family of codes. The RS also approved the use of targeted samples for this family of codes. The 'targeted samples' were sub-specialty organizations (i.e. the American Association of Gynecologic Laparoscopists and the Society of Gynecologic Oncology). The surveys were sent to 3045 US practicing MDs:

- AAGL – 1000 randomly selected US/MDs
- SGO – 1045 all US/MD membership
- ACOG – 1000 randomly selected US/MDs

Intensity

A significant change in technology and the patient population has occurred since these codes were last valued at the RUC. Hysterectomy rates both open and minimally invasive continue to decline yearly in the United States. This statistic is directly related to improvements in both medical and surgical technology. Most significantly, advances in hysteroscopic technology allow us now to treat women with this uterine sparing procedure who would have had a hysterectomy in 1997. In addition, advances in endometrial ablative techniques allow us to provide relief to women from dysfunctional bleeding, a leading cause of hysterectomy.

Specifically, improvements to optics, and pump inflation systems allow greater and more accurate visualization. While this is likely to decrease intraservice time, it is also likely to allow us to attempt to manipulate and correct larger more clinically significant lesions. This may decrease surveyed intraservice times, but increases the intensities during the same or lessor time frames. Second,

improvements in design and safety of instruments to be used for resection, allow us to attempt removal of larger more complex lesions, in more difficult and challenging locations. Third, with the advent of improved pump systems, the risk of significant injury due to intravasation of fluid has increased and this can lead to electrolyte disturbances, cerebral edema and cardiovascular collapse.

Therefore, while technology has allowed intraservice time to decrease, the cases we are doing and patients we are caring for have become more complex and therefore the intensity is higher.

We are recommending a crosswalk value of 4.62 for CPT Code 58563. We believe our recommendation compares favorably within our specialty and maintains relativity within the fee schedule.

Pre and Post Service Time Packages

We recommend pre-service package 3 *straightforward patient/difficult procedure* and post-service package 9B *General Anesthesia or Complex Regional Block/Complex Procedure.* We included 5 additional minutes in positioning time for the Dorsal Lithotomy position.

Crosswalk Recommendation

The specialty society is recommending a crosswalk value of 4.62 work RVUs for CPT Code 58563. The survey median was 5.73 for CPT Code 58563. The survey's 25th percentile work RVU was 3.98. The consensus panel felt the median value was too high, while the 25th percentile was too low. The consensus panel selected 52234 as a crosswalk value for 58563. This crosswalk code relates to the family as discussed in several of the previous surveyed recommendations and has similar times. The work RVU of 4.62 maintains relativity within this code and lines up nicely with our work recommendation for 58558, which has the same intra time and a work recommendation of 4.63.

Reference Codes

Our recommendation compares favorably to reference codes 52282 *Cystourethroscopy, with insertion of permanent urethral stent* and 59072 *Fetal umbilical cord occlusion, including ultrasound guidance.*

CPT code 52282 involves using a similar scope to introduce a stent, which is similar to CPT code 58563. The work RVU is higher, consistent with the higher intra service time, post service time, total time but lower IWPUT. The dilation and placement of the stent is similar to the dilation of the cervix to place the scope and the ablation device. After placement of the stent, a final look is required to confirm that the stent is in place. After the ablation, a final look to confirm is usually performed.

CPT code 59072 also has a higher work RVU, higher total time but less intensity. It is similar in that a cannula is used to enter the uterus. These two codes are most similar in work to what we do in our code.

MPCs

Our recommendation compares favorably with MPCs 52224 *Cystoscopy with fulgaration of a minor (<5mm) lesion with or without biopsy* and CPT Code 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed.*

CPT Code 52224 has the same intraservice time of 30 minutes, a shorter total time of 79 minutes and an lower IWPUT of 0.1008, and is valued lower at 4.05. CPT Code 37191 also has an intraservice time of 30 minutes, a shorter total time of 83 minutes and an lower IWPUT of 0.1198 and is valued lower at 4.71. Our procedure requires the dilation of the cervix before placing the scope, which is an extra step when compared with cystoscopy. Because the uterus can vary in position, the correct path to dilate will also vary and perforation is not uncommon. This procedure requires either directly resecting the endometrium to the level of myometrium and flushing out the strips of tissue or a global ablation with the associated significant risk of thermal injury to bowel, bladder or vagina. This procedure is done in the OR due to the elevated risk of complications. Thus the increased IWPUT is justifiable.

CPT Code 37191 is usually done as a percutaneous procedure, it can be done in a procedure suite rather than an OR. No special positioning is required. The intensity is higher and thus this code is valued higher. In summary, both codes have the same intraservice time, but significantly less total time and the differences in requested RVU can be tied directly to the intensity of the procedure.

Other Comparisons

Our recommendation compares favorably to CPT Codes 52275 *Cystourethroscopy, with internal urethrotomy; male* and 52234 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm).*

CPT Codes 52275 and 52234 both have the same intraservice time as the surveyed code 58563 but less total time. Similar to our surveyed code, these two other codes require a scope and correct pathologic anatomy. Unlike our code, no dilation of the cervix is necessary. We believe our crosswalk recommendation of 4.62 is appropriate for this surveyed code 58563.

Recommendations within this Code Set

CPT code 58563 is similar to 58558 in how it is performed, it's purpose and the time and intensity thus the internal comparison of work RVU is almost identical as it should be.

	CPT Code	Work RVU	Total Time	Pre Eval Time	Pre Pos Time	SDW	Intra Time	Post Time	IWPUT
MPC	52224	4.05	79	*19*	*5*	*5*	30	*20*	0.101
Crosswalk	52234	4.62	79	*19*	*5*	*5*	30	*20*	0.120
SURVEYED	58563	4.62	106	*33*	*8*	*15*	30	*20*	0.104
SURVEYED	58558	4.63	106	*33*	*8*	*15*	30	*20*	0.105
Other	52275	4.69	90	*30*	*0*	*0*	30	*30*	0.112
MPC	37191	4.71	83	*30*	*3*	*5*	30	*15*	0.120
Reference	52282	6.39	120	40			50	30	0.096
Reference	59072	8.99	175	*40*	*30*	*15*	*60*	*30*	0.111

Based on all of these factors we believe a work value of 4.62 is appropriate for CPT Code 58563.

Conclusion

The Society makes the following recommendations based on survey data and relativity within the specialty and the overall fee schedule:

	CPT Code	Work RVU	Total Time	Pre Eval Time	Pre Pos Time	SDW	Intra Time	Post Time	IWPUT
Reference	52287	3.20	58	*7*	*5*	*10*	21	*15*	0.120
SURVEYED	58555	3.33	96	*33*	*8*	*15*	20	*20*	0.092
Reference	57461	3.43	58	15			28	15	0.099
MPC	52214	3.50	79	*19*	*5*	*5*	30	*20*	0.083
MPC	15002	3.65	115	*45*	*15*	*15*	20	*20*	0.087
Other	16035	3.74	70	*30*	*0*	*0*	20	*20*	0.131
MPC	52224	4.05	79	*19*	*5*	*5*	30	*20*	0.101
Other	43243	4.37	91	*33*	*3*	*5*	30	*20*	0.103
SURVEYED	58562	4.50	101	*33*	*8*	*15*	25	*20*	0.120

Other	52441	4.50	93	*17*	*5*	*20*	30	*21*	0.113
Other & Crosswalk	52234	4.62	79	*19*	*5*	*5*	30	*20*	0.120
SURVEYED	58563	4.62	106	*33*	*8*	*15*	30	*20*	0.104
SURVEYED	58558	4.63	106	*33*	*8*	*15*	30	*20*	0.105
Other	52275	4.69	90	*30*	*0*	*0*	30	*30*	0.112
MPC	37191	4.71	83	*30*	*3*	*5*	30	*15*	0.120
Reference	57155	5.40	133	*33*	*5*	*5*	60	*30*	0.064
MPC	52235	5.44	94	*19*	*5*	*5*	45	*20*	0.098
Other	93456	6.15	118	*40*	*3*	*5*	40	*30*	0.112
SURVEYED	58559	6.16	116	*33*	*8*	*15*	40	*20*	0.117
Reference	52282	6.39	120	40			50	30	0.096
MPC	52352	6.75	118	*33*	*5*	*15*	45	*20*	0.118
SURVEYED	58560	6.90	116	*33*	*8*	*15*	40	*20*	0.135
SURVEYED	58561	7.00	121	*33*	*8*	*15*	45	*20*	0.122
Other	52344	7.05	125	*40*	*10*	*10*	45	*20*	0.120
Other	53445	7.55	135	*45*	*10*	*15*	45	*20*	0.128
Reference	59072	8.99	175	*40*	*30*	*15*	*60*	*30*	0.111

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 58563

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Obstetrics/gynecology How often? Commonly

Specialty gynecology/oncology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,525
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Medicare Data

Specialty obstetrics/gynecology Frequency 4479 Percentage 98.98 %

Specialty gynecology/oncology Frequency 48 Percentage 1.06 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 59563

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	AP	AQ	AR	AS	AT
16		CPT	*DESC*	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
17		52287	*Cystourethroscopy, with injection(s) for chemodenervation of the bladder*	10	0.120			3.20			58	7	5	10			21			15					
18		57155	*Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy*	10	0.064			5.40			133	33	5	5			60			30					
19		58555	*Hysteroscopy, diagnostic (separate procedure)*		0.088			3.33			75	30					25			20					
20	SURVEY			61	0.082	1.90	2.65	3.45	4.50	18.00	110	45	10	15	5	15	20	30	60	20	0	5	10	20	100
21	RECOMMENDATION	58555			0.079			3.07			96	33	8	15			20			20					
22	CROSSWALK	43250	*Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot*		0.115			3.07			58	16	3	5			20			14					
23	SUPPORTING	41530	*Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session*		0.098			3.50			95	40	5	10			20			20					
24																									
25																									
26						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
27		CPT	*DESC*	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
28		52282	*Cystourethroscopy, with insertion of permanent urethral stent*	16	0.096			6.39			120	40					50			30					
29		57461	*Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix*	14	0.099			3.43			58	15					28			15					
30		58558	*Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D*		0.091			4.74			90	30					40			20					
31	SURVEY			66	0.094	1.99	3.14	4.63	6.15	30.00	120	45	10	15	5	20	30	30	60	20	0	9	19	35	100
32	RECOMMENDATION	58558			0.096			4.37			106	33	8	15			30			20					
33	CROSSWALK	43243	*Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices*		0.103			4.37			91	33	3	5			30			20					
34	SUPPORTING	45385	*Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique*		0.122			4.67			78	25	3	5			30			15					
35																									
36																									
37						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
38		CPT	*DESC*	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
39		52282	*Cystourethroscopy, with insertion of permanent urethral stent*	11	0.096			6.39			120	40					50			30					
40		59072	*Fetal umbilical cord occlusion, including ultrasound guidance*	6	0.110			8.99			175	40	30	15			60			30					
41		58559	*Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)*		0.078			6.16			125	40					60			25					
42	SURVEY			32	0.112	2.70	3.65	6.28	7.31	13.55	130	45	10	15	5	30	40	47	60	20	0	1	2	6	30
43	RECOMMENDATION	58559			0.101			5.54			116	33	8	15			40			20					
44	CROSSWALK	93455	*Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for*		0.094			5.54			123	45	3	5			40			30					
45	SUPPORTING	36222	*Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with*		0.096			5.53			118	40	3	5			40			30					
46																									
47																									
48						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
49		CPT	*DESC*	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
50		52282	*Cystourethroscopy, with insertion of permanent urethral stent*	11	0.096			6.39			120	40					50			30					
51		59072	*Fetal umbilical cord occlusion, including ultrasound guidance*	6	0.110			8.99			175	40	30	15			60			30					
52		58560	*Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)*		0.092			6.99			125	40					60			25					
53	SURVEY			31	0.127	3.00	4.05	6.90	8.00	13.85	130	45	10	15	5	30	40	45	60	20	0	0	2	5	30
54	RECOMMENDATION	58560			0.117			6.15			116	33	8	15			40			20					
55	CROSSWALK	93456	*Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for*		0.112			6.15			118	40	3	5			40			30					

SS Rec Summary

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	AP	AQ	AR	AS	AT
26						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
27		CPT	*DESC*	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
56																									
57																									
58						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
59		CPT	*DESC*	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
60		52282	***Cystourethroscopy, with insertion of permanent urethral stent***	16	0.096			6.39			120	40					50			30					
61		59072	***Fetal umbilical cord occlusion, including ultrasound guidance***	11	0.110			8.99			175	40	30	15			60			30					
62		58561	***Hysteroscopy, surgical; with removal of leiomyomata***		0.112			9.99			145	40					75			30					
63	**SURVEY**			48	0.116	3.00	4.63	7.00	8.99	20.00	135	45	10	15	15	30	45	60	75	20	0	3	5	15	50
64	**RECOMMENDATION**	58561			0.122			7.00			121	33	8	15			45			20					
65	SUPPORTING	52344	*Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser,*		0.120			7.05			125	40	10	10			45			20					
66																									
67																									
68						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
69		CPT	*DESC*	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
70		52282	***Cystourethroscopy, with insertion of permanent urethral stent***	15	0.096			6.39			120	40					50			30					
71		57461	***Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix***	10	0.099			3.43			58	15					28			15					
72		58562	***Hysteroscopy, surgical; with removal of impacted foreign body***		0.102			5.20			90	30					40			20					
73	**SURVEY**			57	0.108	1.99	3.20	4.50	6.50	13.00	115	45	10	15	5	20	25	40	60	20	0	1	2	4	30
74	**RECOMMENDATION**	58562			0.107			4.17			101	33	8	15			25			20					
75	CROSSWALK	45384	*Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps*		0.118			4.17			70	19	3	5			28			15					
76	SUPPORTING	15277	*Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or*		0.090			4.00			110	40	15	10			25			20					
77																									
78																									
79						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
80		CPT	*DESC*	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
81		52282	***Cystourethroscopy, with insertion of permanent urethral stent***	14	0.096			6.39			120	40					50			30					
82		59072	***Fetal umbilical cord occlusion, including ultrasound guidance***	7	0.110			8.99			175	40	30	15			60			30					
83		58563	***Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation,***		0.077			6.16			130	40					60			30					
84	**SURVEY**	58563		44	0.132	2.53	3.98	5.73	8.08	20.00	118	43	10	15	8	20	30	45	90	20	0	4	10	27	40
85	**RECOMMENDATION**	58563			0.104			4.62			106	33	8	15			30			20					
86	CROSSWALK	52234	*Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)*		0.120			4.62			79	19	5	5			30			20					
87	SUPPORTING	37191	*Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed*		0.120			4.71			83	30	3	5			30			15					

Tab #12
Tab #18
Tab #34
Tab #35
Tab #37
Tab Number

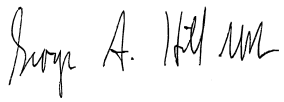
Partial Exchange Transfusion
Laparoscopic Radiofrequency Ablation of Uterine Fibroids
Electromyography Studies
Cystourethroscopy
Hysteroscopy
Issue

36460
585X1
51784
52000
58555-58563
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

George A. Hill, MD
Printed Signature

American Congress of Obstetricians and Gynecologists (ACOG)
Specialty Society

December 14, 2015
Date

AT MEETING

CPT Code: 58555-58563
Specialty Society('s): ACOG

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

58555 ***Hysteroscopy, diagnostic (separate procedure)***

58558 ***Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C***

58559 ***Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)***

58560 ***Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)***

58561 ***Hysteroscopy, surgical; with removal of leiomyomata***

58562 ***Hysteroscopy, surgical; with removal of impacted foreign body***

58563 ***Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)***

Global Period: 000 **Meeting Date:** January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The specialty convened a RUC workgroup to make practice expense recommendations for this set of hysteroscopy codes. It included physicians from ACOG and its subspecialties. The group was representative of various practice settings and geographic locations.

We are making recommendations to continue to price the subset of codes that is currently priced in the office setting. We are also recommending that the codes currently NOT priced (58559, 58560 and 58561) remain not priced.

We noted that the clinical labor times for 58563 do not line up with the other codes in the family. We have researched this issue with the AMA staff and have included the current rolled up times on the spreadsheet. We are making clinical time recommendations on typical practice patterns (as are in the other codes).

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

This set is a set of exiting hysteroscopy codes. As such, we included the existing inputs on the practice expense sheet as a reference.

AT MEETING

CPT Code: 58555-58563
Specialty Society('s): ACOG

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are requesting extensive use of clinical staff time in the non-facility setting (which is what is currently assigned to this codes).

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are making supply/equipment changes to CPT Code 58558 based on new technology. We are adding a disposable blade to the supply list for 58558. We are also adding a H/S system and a fluid management system to 58558. An invoice is attached for your reference.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
**Extensive use of clinical staff time*

- Complete pre-service diagnostic and referral forms: During this time frame, the staff must obtain the referral from the patient's physician and obtain pre-authorization from the 3rd party payer. Pre-authorization requires providing all of the demographic data on the patient as well as the proposed procedure and diagnosis that necessitates performing the procedure. The patient is then notified of her procedure date and time.
- Coordinate pre-service surgery: The staff must ensure that all pertinent from diagnostic testing previously performed is available to the physician performing the procedure. This may include the pathology report if an endometrial biopsy has been performed or the imaging reports from a transvaginal ultrasound or saline infusion sonohysterogram.
- Provide pre-education/obtain consent: The staff will answer additional questions that the patient may have regarding her procedure or additional questions that the patient may have regarding the risks and benefits of the procedure.
- Follow-up phone calls and prescriptions: The staff makes sure that the patient has obtained any pre-medication that has been ordered and understands when to take the medication, and that she understands all of her preoperative instructions (NPO, when to arrive, what to expect post-operatively).

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Intra-Service Clinical Labor Activities:

- Greet/gown patient
- Vital signs
- Prepare room/equipment
- Set-up scope
- Prepare and position patient
- Assist Physician – 100%
- Clean room
- Clean scope
- Check dressings

Post-Service Clinical Labor Activities:

AT MEETING

CPT Code: 58555-58563
Specialty Society(‘s): ACOG

- Follow up phone call

AT MEETING

CPT Code: 58555-58563
Specialty Society('s): ACOG

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:

58555 ***Hysteroscopy, diagnostic (separate procedure)***

58558 ***Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C***

58559 ***Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)***

58560 ***Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)***

58561 ***Hysteroscopy, surgical; with removal of leiomyomata***

58562 ***Hysteroscopy, surgical; with removal of impacted foreign body***

58563 ***Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)***

Global Period: 000 **Meeting Date:** January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The specialty convened a RUC workgroup to make practice expense recommendations for this set of hysteroscopy codes. It included physicians from ACOG and its subspecialties. The group was representative of various practice settings and geographic locations.

We are making recommendations to continue to price the subset of codes that is currently priced in the office setting. We are also recommending that the codes currently NOT priced (58559, 58560 and 58561) remain not priced.

We noted that the clinical labor times for 58563 do not line up with the other codes in the family. We have researched this issue with the AMA staff and have included the current rolled up times on the spreadsheet. We are making clinical time recommendations on typical practice patterns (as are in the other codes).

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

This set is a set of exiting hysteroscopy codes. As such, we included the existing inputs on the practice expense sheet as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

We are requesting extensive use of clinical staff time in the facility setting (which is what is currently assigned to this codes). We continue to believe that these surgical procedures, although assigned zero day global periods, still require the clinical staff pre-time as surgical procedures with 010/090 as the tasks are the same.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
**Extensive use of clinical staff time*

- Complete pre-service diagnostic and referral forms: During this time frame, the staff must obtain the referral from the patient's physician and obtain pre-authorization from the 3rd party payer. Pre-authorization requires providing all of the demographic data on the patient as well as the proposed procedure and diagnosis that necessitates performing the procedure. The patient is then notified of her procedure date and time.
- Coordinate pre-service surgery: The staff must ensure that all pertinent from diagnostic testing previously performed is available to the physician performing the procedure. This may include the pathology report if an endometrial biopsy has been performed or the imaging reports from a transvaginal ultrasound or saline infusion sonohysterogram.
- Schedule space and equipment in the facility: The staff calls the facility to schedule the procedure and the equipment needed. The staff also has to give all of the demographic and insurance information on the patient to the scheduler at the facility.
- Provide pre-education/obtain consent: The staff will answer additional questions that the patient may have regarding her procedure or additional questions that the patient may have regarding the risks and benefits of the procedure.
- Follow-up phone calls and prescriptions: The staff makes sure that the patient has obtained any pre-medication that has been ordered and understands when to take the medication, and that she understands all of her preoperative instructions (NPO, when to arrive, what to expect post-operatively).

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

- Follow up phone call

	A	B	C	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1	**AT MEETING**			**RECOMMENDATIONS**		**Current** *April 2006*		**RECOMMENDATIONS**		**Current** *April 2006*		**RECOMMENDATIONS**		**Current**		**RECOMMENDATIONS**		**Current**		**RECOMMENDATIONS**		**Current**		**RECOMMENDATIONS**		**Current** *April 2006*		**RECOMMENDATIONS**		**Current**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**58555**				**58558**				**58559**				**58560**				**58561**				**58562**				**58563**			
3	**Meeting Date:** January 2016 **Tab:** Tab 37 Hysteroscopy **Specialty:** ACOG	**CMS Code**	**Staff Type**	*Hysteroscopy, diagnostic (separate procedure)*				*Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C*				*Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)*				*Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)*				*Hysteroscopy, surgical; with removal of leiomyomata*				*Hysteroscopy, surgical; with removal of impacted foreign body*				*Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)*			
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**72**	**30**	**77**	**30**	**82**	**33**	**92**	**33**	**0**	**33**	**0**	**33**	**0**	**33**	**0**	**33**	**0**	**33**	**0**	**33**	**77**	**30**	**92**	**30**	**82**	**33**	**75**	**33**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**18**	**30**	**18**	**30**	**18**	**30**	**18**	**30**	**0**	**30**	**0**	**30**	**0**	**30**	**0**	**30**	**0**	**30**	**0**	**30**	**18**	**30**	**18**	**30**	**18**	**30**	**18**	**30**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**51**	**0**	**56**	**0**	**61**	**0**	**71**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**56**	**0**	**71**	**0**	**61**	**0**	**54**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**3**	**0**	**3**	**0**	**3**	**3**	**3**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**3**	**0**	**3**	**0**	**3**	**3**	**3**	**3**
10	**PRE-SERVICE**			*72*	*30*	*77*	*30*	*82*	*33*	*92*	*33*	*0*	*33*	*0*	*33*	*0*	*33*	*0*	*33*	*0*	*33*	*0*	*33*	*77*	*30*	*92*	*30*	*82*	*33*	*21*	*33*
11	**Start: Following visit when decision for surgery or procedure made**																														
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	5	5	5	5	5	5	5	5		5		5		5		5		5		5	5	5	5	5	5	5	5	5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3	10	3	10	3	10	3	10		10		10		10		10		10		10	3	10	3	10	3	10	3	10
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		5		5		5		5		5		5		5		5		5		5		5		5		5		5
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	7	7	7	7	7	7	7	7		7		7		7		7		7		7	7	7	7	7	7	7	7	7
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	3	3	3	3	3	3	3	3		3		3		3		3		3		3	3	3	3	3	3	3	3	3
17	Other Clinical Activity - *specify:*																														
18	**End: When patient enters office/facility for surgery/procedure**																														
19	**SERVICE PERIOD**																														
20	**Start: When patient enters office/facility for surgery/procedure:**																														
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3		3														3		3		3			
22	Obtain vital signs	L037D	RN/LPN/MTA	3		3		3		3														3		3		3			
23	Provide pre-service education/obtain consent																														
24	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		2		2		2														2		2		2			
25	Setup scope (non facility setting only)	L037D	RN/LPN/MTA	5		5		5		5														5		5		5			
26	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2		2		2		2														2		2		2			
27	Sedate/apply anesthesia																														
28	Other Clinical Activity - specify:																														
29	**Intra-service**																														
30	Assist physician in performing procedure	L037D	RN/LPN/MTA	20		25		30		40														25		40		30			
31	Assist physician/moderate sedation (% of physician time)																														
32	**Post-Service**																														
33	Monitor pt. following moderate sedation																														
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)																														
35	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3		3		3		3														3		3		3			
36	Clean Scope	L037D	RN/LPN/MTA	10		10		10		10														10		10		10			
37	Clean Surgical Instrument Package																														
38	Complete diagnostic forms, lab & X-ray requisitions																														
39	Review/read X-ray, lab, and pathology reports																														
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		3		3		3														3		3		3			
41	Other Clinical Activity - *specify:*																														
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a	
45	**End: Patient leaves office**																														
46	**POST-SERVICE Period**																														
47	**Start: Patient leaves office/facility**																														
48	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3		3		3	3	3	3		3		3		3		3		3		3	3		3		3	3	3	3
55	**Total Office Visit Time**			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
56	Other Clinical Activity - *specify:*																														
57	**End: with last office visit before end of global period**																														
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**																												
59	pack, minimum multi-specialty visit	SA048	pack	1		1		1		1														1		1		1		1	
60	pack, cleaning and disinfecting, endoscope	SA042	pack	1		1		1		1														1		1		1		1	
61	pack, cleaning, surgical instruments (DELETE)	SA043	pack			1				1																1					
62	pack, pelvic exam	SA051	pack	1		1		1		1														1		1		1		1	
63	pack, urology cystoscopy visit	SA058	pack	1		1		1		1														1		1		1		1	
64	cap, surgical (ADD ONE)	SB001	item	2		1		2		1														2		1		2		1	
65	drape, non-sterile, sheet 40in x 60in	SB006	item	1		1		1		1														1		1					
66	gown, staff, impervious (ADD ONE)	SB027	item	2		1		2		1																		2		1	
67	mask, surgical, with face shield (ADD ONE)	SB034	item	2		1		2		1														2		1		2		1	
68	shoe covers, surgical (ADD ONE)	SB039	pair	2		1		2		1														2		1		2		1	
69	needle, 18-26g 1.5-3.5in, spinal	SC028	item	1		1		1		1														1		1		2		2	
70	needle, 18-27g	SC029	item	1		1		1		1														1		1					
71	syringe 20ml	SC053	item	1		1		1		1														1		1		1		1	
72	canister, suction	SD009	item					1		1																					
73	catheter, suction	SD031	item					1		1																					
74	endosheath	SD070	item	1		1		1		1														1		1		1		1	
75	tube, suction NG (Salem sump) (DELETE)	SD127	item							1																					
76	hysteroscope, ablation device	SD177	item																									1		1	
77	applicator, cotton-tipped, non-sterile 6in	SG008	item																									1		1	
78	gauze, sterile 3in x 3in	SG054	item																									20		20	
79	cotton balls, sterile	SG082	item																									4		4	
80	bupivacaine 0.25% inj (Marcaine)	SH021	ml																									10		10	
81	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	20		20		20		20														20		20		20		20	
82	Monsel's soln	SJ036	ml	10		10		10		10														10		10		10		10	
83	povidone swabsticks (3 pack uou)	SJ043	item																									4		4	
84	swab-pad, alcohol	SJ053	item	4		4		4		4														4		4					
85	film, type 667 Polaroid (per exposure) (DELETE)	SK032	item																											2	
86	pad, feminine maxi	SK051	item																									1		1	
87	pad, feminine mini (DELETE)	SK052	item																											1	
88	**BLADE INCSR 2.9MM (Invoice Attached)**	**NEW**	item					**1**																							
89	**EQUIPMENT**	**CODE**																													
90	table, exam (DELETE)	EF023								71																					
91	table, power	EF031		41		56		51		71														46		71		51		17	
92	hysteroscopy ablation system	EQ132																										51		17	
93	light, fiberoptic headlight w-source	EQ170		41		56		51		71														46		71		51		17	
94	suction machine (Gomco)	EQ235						51		71																					
95	endoscope, rigid, hysteroscopy	ES009		45		56				71														50		71		55		17	
96	video system, endoscopy (processor, digital capture, monitor, printer,	ES031		38		56		48		71														43		71		48		17	
97	Hysteroscopic fluid management system **(Invoice Attached)**	**NEW**						48																							
98	Hysteroscopic Resection System **(Invoice Attached)**	**NEW**						48																							
99	instrument pack, basic ($500-$1499)	EQ137																													
100																															

AMA/Specialty Society RVS Update Committee Summary of Recommendations
New and Revised Issue Carried over from October 2015 RUC meeting

January 2016

Intracranial Endovascular Intervention

In February 2015, the CPT Editorial Panel created three new codes to describe percutaneous endovascular revascularization of occluded cerebral vessels and intracranial prolonged infusion of agents that do not involve thrombolytic agents. CPT codes 61640-61642 were identified as part of that family of services. The specialty societies indicated the balloon dilatation of intracranial vasospasm codes are not part of the family of services. These services are of the same anatomic distribution but a completely different intervention and are not commonly used. Additionally, these codes assume that a separate diagnostic angiography is reported prior to the intervention. The specialty societies indicated that this would be very confusing for surveyees to value the variable coding techniques for both sets of services. The RUC determined that although CPT codes 61640-61642 may present difficulties in conducting a survey, it has been nearly 10 years since their last RUC review and they should be surveyed. The RUC recommended that CPT codes 61640-61642 be surveyed for October 2015.

At the October 2015 RUC meeting the specialty societies indicated they had used the wrong survey instrument. The specialty societies believe that the patients receiving these services will return to the ICU after the procedure and additional Evaluation and Management (E/M) work at the bedside and in the ICU later the same day will be necessary. The specialty society agreed to survey with the Research Committee approved 000-day global survey instrument modified with the site of service and same day E/M questions to determine the typical work on the day of the procedure. CPT codes 61645, 61650 and 61651 were surveyed with a modified 000-day global period survey and a post-operative visit was included in the RUC recommended values. The specialty requested that CPT 61640 be resurveyed with the modified survey instrument for January 2016. Since CPT code 61640 is the base code for 61641 and 61642, the RUC requested that the specialty societies resurvey all three codes for the January 2016 RUC meeting.

61640 ***Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel***
The RUC agreed that there was compelling evidence that the current value may not be appropriate due to flawed methodology in the previous valuation of these services. Originally this service was surveyed as a 090-day global and then a building block methodology was used to recommend the current work RVU.

The RUC reviewed the survey results from 73 physicians and determined that the survey 25th percentile work RVU of 13.00 appropriately accounts for the work required to perform this service. The RUC recommends 58 minutes pre-service time, 90 minutes intra-service time, 30 minutes immediate post-service time and one99233. During the intra-service period, typically there is a single waiting period, but if there is rebound stenosis period the physician would have to further intervene. The RUC understood that the patient is assessed over 4-6 hours and can

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deteriorate quickly in a short amount of time and must be assessed frequently. The specialty society noted that the physician performing the procedure will conduct a 99233 hospital visit to assess the efficacy of the procedure neurologically, review radiographic images to determine if stroke has been extended or hemorrhage occurred, and manage ICP issues of this hyper-dynamic critically ill patient. Because vasospasm is progressive, the physician must continually assess if patient requires further intervention. The RUC reviewed the survey data and noted that the diagnostic angiography is reported separately and that work is not included in this service. The RUC compared the surveyed code to the top two key reference services 37231 *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed* (work RVU = 15.00 and 135 minutes intra-service time) and 92941 *Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel* (work RVU = 12.56 and 70 minutes intra-service time) and noted that the surveyed service falls in between these two services regarding the physician work and time required. Therefore, the survey 25th percentile work RVU of 13.00 is appropriate relative to similar services. **The RUC recommends a work RVU of 13.00 for CPT code 61640.**

61641 ***Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 73 physicians and determined that the median and survey 25th percentile work RVUs are too high, noting the top two key reference services chosen required more physician work and time and were not comparable. The RUC recommends maintaining the work RVU of 4.33 for CPT code 61641. The RUC recommends 30 minutes intra-service time, as was indicated by the survey respondents. For additional support, the RUC referenced CPT code 36228 *Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)* (work RVU = 4.25 and 30 minutes intra-service time) and the RUC noted that CPT code 61641 actually includes the work of 36228 plus somewhat more. **The RUC recommends a work RVU of 4.33 for CPT Code 61641.**

61642 ***Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 69 physicians and determined that the median and survey 25th percentile work RVUs are too high, noting the top two key reference services chosen required more physician work and time and were not comparable. The RUC recommends directly crosswalking 61642 to CPT code 22552 *Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)* (work RVU = 6.50 and 45 minutes intra-service time). The RUC recommends 45 minutes intra-service time for 61642, as was indicated by the survey respondents. For additional support the RUC referenced CPT code 22614 *Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)* (work RVU = 6.43 and 40 minutes intra-service time). **The RUC recommends a work RVU of 6.50 for CPT code 61642.**

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Practice Expense
These services are performed in the facility only. The RUC does not recommend any direct practice expense inputs.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	000	13.00
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)	ZZZ	4.33
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)	ZZZ	6.50

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:61640 Tracking Number W1 Original Specialty Recommended RVU: **13.00**
Presented Recommended RVU: **13.00**
Global Period: 000 RUC Recommended RVU: **13.00**

CPT Descriptor: Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 42-year-old female with recent subarachnoid hemorrhage deteriorates clinically. She undergoes complete cerebral angiography (separately reportable even if performed on the same day), which demonstrates significant spasm of the supraclinoid segment of the right internal carotid artery. After reporting this finding to the attending neurosurgeon, he/she requests balloon dilatation of the spastic segment.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 77%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Perform a targeted H&P. Review imaging and current medications. Review the surgical procedure, postoperative recovery in and out of the hospital, and expected outcome(s) with the patient/family. Sign and mark the operative site. Obtain informed consent. Verify that all necessary surgical instruments, supplies, and devices are available. Review the length and type of anesthesia with the anesthesiologist. Monitor supine positioning on the angiographic table, attachment of monitoring equipment, and insertion of a radial arterial line and Foley catheter. Supervise prepping/draping of the femoral region. Scrub and gown. Perform a time out to confirm patient and procedure with the OR staff.

Description of Intra-Service Work: The common femoral artery is accessed and a sheath is placed under sterile conditions. A bolus dose of intravenous heparin is administered. The ACT is checked. Additional heparin is given as necessary throughout the procedure, and the ACTs are monitored at appropriate intervals. Pressurized, continuous heparin/saline flush systems are prepared. Meticulous examination of these systems is performed by the physician to exclude the possibility of residual air bubbles. Right common carotid artery is selectively catheterized with 5 Fr catheter. Biplane AP and lateral angiograms of the cervical common carotid artery are obtained. If necessary, oblique views are obtained to profile the carotid bifurcation. Biplane AP and lateral (and possibly oblique) angiograms of the intracranial vessels are also obtained to determine that no interval change has occurred since the original diagnostic angiogram. Advance catheter into the external carotid artery over a steerable guidewire. Utilizing an exchange wire placed into the external carotid artery, a neuroguide catheter is placed into the common carotid artery. A common carotid artery angiogram is obtained to confirm appropriate positioning of the guide catheter below the carotid bifurcation and to exclude the possibility of arterial spasm, dissection or thromboembolus during guide catheter placement. The guide catheter is then advanced into the internal

carotid artery over a steerable guide wire. A cervical internal carotid artery angiogram is obtained to confirm appropriate positioning of the guide catheter and to exclude the possibility of arterial spasm, dissection or thromboembolus. Guide catheter is placed on continuous heparin flush utilizing a flow control Y-connector. Biplane AP, lateral and oblique angiograms of the cerebral vessels are obtained. High magnification biplane angiograms are then obtained, centered upon the arterial stenosis. The target lesion must be carefully reassessed for subtle changes that indicate the development of subacute intraluminal thrombus. Precise, quantitative measurements of the stenotic artery are obtained to determine the proper diameter and length of the angioplasty balloon to be used. External reference markers may be placed on the skin in order to calculate the precise dimensions. Prepare appropriate size angioplasty balloon. Meticulous preparation is performed by the physician to eliminate air within the balloon. Advance a steerable micro-guidewire and a low profile microcatheter through the guide catheter into the intracranial arteries using an angiographic roadmap. Gently advance micro-guidewire and microcatheter across the arterial stenosis. Remove the guidewire and replace with an exchange length wire, leaving the wire tip beyond the stenotic area. Remove microcatheter. Advance micro-angioplasty balloon over the exchange wire and across the stenosis. Slowly inflate balloon to dilate the lesion under fluoroscopic control while monitoring balloon pressure. Deflate balloon and withdraw into the internal carotid artery, leaving the guidewire across the stenosis. Obtain post-angioplasty angiograms by injecting contrast through the guide catheter to confirm satisfactory dilation of vessel lumen and antegrade filling of distal blood vessels. Wait fifteen minutes and repeat angiogram to exclude the possibility of hyperacute thrombotic occlusion or rebound stenosis. If evidence of rebound stenosis, replace balloon to re-dilate the lesion or exchange for a larger angioplasty balloon if needed. Again wait fifteen minutes and repeat angiogram to exclude the possibility of hyperacute thrombotic occlusion or rebound stenosis. After a fifteen-minute period of observation with no further evidence of restenosis or acute arterial occlusion, remove the balloon and wire; then obtain final angiograms of the regional circulation to check for possible embolic complications. Remove guide catheter. All fluoroscopy, contrast injection, angiography and image interpretation associated with the arterial stenosis treated is included in the procedure up to this point.

Description of Post-Service Work: Appropriate femoral access care orders are entered into the electronic medical record. The procedure is documented in the chart. A formal procedural report including image interpretation is dictated, transcribed, edited, and authenticated for archival in the permanent medical record. The procedural findings and treatment plans are discussed with the family and referring medical team. During the recovery from anesthesia, hemodynamic parameters are closely evaluated to control hypertension in order to minimize the risk of intracranial hemorrhage. Once the patient has adequately emerged from anesthesia, a complete neurologic assessment is performed. If the patient's neurologic condition (in particular the NIHSS) is significantly lower than the pre-procedure condition, the patient is emergently sent to CT to rule out intracranial or subarachnoid hemorrhage. Appropriate orders for intensive care unit and/or the stroke unit are written. The patient's neurologic condition is relayed to the team and nurses monitoring the patient after the procedure; again to immediately diagnose hemorrhage in the post-procedural period. Specific instructions regarding hemodynamic parameters are also given in order to minimize the risk of hemorrhage. If the patient is uncooperative secondary to her neurologic condition, appropriate sedation and management orders are given with care again to be able to monitor the patient neurologically to diagnose intracranial hemorrhage. The physician will perform an EM later the same day to assess the patient's neurologic condition, review interval chart notes, and update orders as necessary. The patient's progress is recorded. ICU/stroke unit team questions are answer. Family questions are answered. Postoperative imaging studies are ordered.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Alexander Mason, MD; John Ratliff, MD; Henry Woo, MD; Michael Hall, MD; Joshua A. Hirsch, MD; Gregory N. Nicola, MD; Zeke Silva, MD		
Specialty(s):	AANS, CNS, SIR, ASNR, ACR		
CPT Code:	61640		
Sample Size:	1645	**Resp N:** 73	**Response:** 4.4 %
Description of Sample:	The Research Subcommittee approved ACR survey 50% random sample from ACR entire membership and a non-overlapping 50% random sample from relevant self-identified ACR subspecialties (neuro imaging, neurointerventional, interventional radiology). AAOS, ASNR, and AANS/CNS selected a random sample from membership.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**6.00**	10.00	36.00
Survey RVW:	8.00	13.00	**15.00**	16.70	32.00
Pre-Service Evaluation Time:			**60.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	35.00	60.00	**90.00**	90.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**55.00**	99231x **0.00** 99232x **0.00** 99233x **1.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	61640	**Recommended Physician Work RVU: 13.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**55.00**	99231x **0.00** 99232x **0.00** 99233x **1.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37231	000	15.00	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92941	000	12.56	**RUC Time**

CPT Descriptor Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 28.7 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 19.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 61640	Top Key Reference CPT Code: 37231	2nd Key Reference CPT Code: **92941**
Median Pre-Service Time	58.00	48.00	39.00
Median Intra-Service Time	90.00	135.00	70.00
Median Immediate Post-service Time	30.00	30.00	40.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	55.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**233.00**	**213.00**	**149.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.19	0.64
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.52	0.79
Urgency of medical decision making	1.76	0.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.76	0.93

Physical effort required	1.19	0.29

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.90	1.43
Outcome depends on the skill and judgment of physician	1.71	1.07
Estimated risk of malpractice suit with poor outcome	1.71	0.86

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.76	1.21

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background – 61640, 61641, 61642

For 2005, the CPT Editorial Panel approved new CPT codes (61640, 61641, 61642) to describe procedures involving intracranial angioplasty. Prior to the Panel's action, there were no codes to describe this treatment of patients with impaired cerebral circulation due to arterial narrowing. Angioplasty of the arteries supplying the brain is more complex than peripheral and coronary angioplasty cases necessitating the separate code family. The three codes were surveyed and the RUC submitted recommendations for work and practice expense to CMS. In the MPFS final rule for CY 2005, CMS stated: " *We are assigning a status indicator of N for these services because they are noncovered under Medicare due to a National Coverage Decision (NCD).*" The NCD for these codes remains in effect for CY 2016.

In February 2010, the RAW identified two arterial thrombolysis codes through the 75% reported together screen (37201 and 75896). In October of 2011, the specialty societies presented to the CPT Editorial Panel a code change proposal to bundle these services resulting in four new codes to describe non-coronary transcatheter therapy for thrombolysis bundled with radiologic S&I and E/M services. At that time, 37201 was deleted and 75896 was modified to prohibit its use for thrombolysis. Although the new codes specify non-coronary thrombolysis, the codes were developed and valued to address peripheral thrombolysis, not intracranial interventions. Because no codes were available in the MPFS that adequately described the physician work and intensity of intracranial thrombolysis and thrombectomy, the neurosurgery and radiology societies created three new bundled codes (61645, 61650, 61651) which were approved in February 2015 for CY 2016.

The Level of Interest Form associated with the three new codes for intracranial thrombolysis and mechanical thrombectomy, identified codes 61640-61642 as part of the "family" requiring survey along with the new codes. The specialty societies disagreed and pointed out that the balloon dilatation of intracranial vasospasm is not part of the intracranial thrombolysis family of services. These services are of the same anatomic distribution but a completely different intervention often in a different patient population. Further, we pointed out that 61640-61642 and are not commonly used as they are non-covered services for Medicare beneficiaries. Additionally, these codes assume that a separate diagnostic angiography is reported prior to the intervention. We indicated that this would be very confusing to value the variable coding techniques for both sets of services. The RUC determined that although CPT codes 61640-

61642 may present difficulties in conducting a survey, it has been nearly 10 years since their last RUC review and they should be surveyed.

61640-61642 were surveyed for the October 2015 RUC meeting. While reviewing the survey data for 61640, the specialties noted that the wrong 0-day global survey instrument had been used. These patients will have inpatient status and will return to the ICU after the procedure and additional E/M work at the bedside and in the ICU later the same day will be necessary. Therefore, we requested to resurvey code 61640 using a modified 0-day survey instrument that asks the question about site of service and same day E/M work that is standard for the 10 and 90 day global survey instruments. The RUC approved the request to resurvey and instructed the specialties to resurvey all 3 codes (61640-61642) and to present the data from the previous survey in addition to the new survey data.

Compelling Evidence – 61640, 61641, 61642

The specialty societies are recommending an increase in value concordant with our survey and supported by the following compelling evidence discussion:

Flawed methodology for previous valuation. When new code 61640 was approved by the CPT Editorial Panel in 2005, it was assigned a 90-day global period by CMS and surveyed as a 90-day global using the 90-day global survey instrument and 90-day reference codes. After conducting the survey, the specialties (AANS, CNS, ASNR, SIR) determined that a 90-day global assignment would be inappropriate. The RUC and CMS subsequently agreed that a 90-day global was inappropriate for 61640. To facilitate a recommendation, the societies used reverse building block to back out all visits from the survey data and used that information to calculate an IWPUT and develop a RUC recommendation. The RUC agreed with the intensity recommended by the specialty and the changes in pre-service time. At that time, the RUC used a building block approach to establish a work relative value for code 61640.

For add-on codes 61641 and 61642, the RUC agreed that the intensity for the codes was justified as there is no surgical rescue for procedural complications that occur in the cerebral vasculature. The RUC agreed that based on the specialty society's survey results indicating a very high intensity, and the RUC used a comparison service with and intensity of 0.144 multiplied by the survey time to arrive at a relative work value for each code. The RUC believed the resulting work RVUs were appropriate even though they were below the median survey work RVU results.

Although the circumstances were unusual with a late change in global period and insufficient time to resurvey for the code implementation, the current RUC approved methodology for valuing services does not allow reverse building block or building block. We therefore believe we have compelling evidence that there was a flawed methodology in the previous valuation.

Survey Process – 61640, 61641, 61642

The Research Subcommittee approved ACR survey 50% random sample from ACR entire membership and a non-overlapping 50% random sample from relevant self-identified ACR subspecialties (neuro imaging, neurointerventional, interventional radiology). No responses were received from the random sample from ACR entire membership. SIR, ASNR, and AANS/CNS surveyed a random sample from their entire membership. The Research Subcommittee approved use of a modified 0-day survey instrument that added the question for site of service and E/M on the same day that is standard in the 10 and 90 day global survey.

Recommendation - 61640

We recommend the survey 25th percentile work RVU of 13.00 for code 61640.

Pre-Time Package 4

Evaluation: No change in package time of 40 minutes.
Positioning: No change in package time of 3 minutes.
Scrub, dress, wait: Subtract 5 minutes (total = 15 minutes) to be consistent with the median survey time.

Post-operative Inpatient Visit

The survey respondents correctly indicated that this patient will have the site of service status of hospital inpatient 100% of the time. Further, 77% of the respondents indicated a visit would be typical later the same day. Providers of this service will typically perform additional E/M work at the bedside and in the ICU later the same day to carefully monitor the patient's neurologic condition and review interval chart notes, record patient progress, write orders for imaging and labs, answer family questions, and discuss ongoing care with the ICU team. We recommend one postoperative same-day inpatient critical care hospital visit (99233) as typical for this patient.

Key Reference Comparison

The mean intensity / complexity measures for code 61640 are significantly greater than the key reference codes.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN	PRE	INTRA	POST	99233
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	15.00	0.099	213	48	135	30	
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	13.00	0.103	233	58	90	30	1
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	12.56	0.155	149	39	70	40	

MPC Comparison

Although, there are no MPC codes with a 0-global period at this level of work RVU, the similar intensity for the MPC codes in the table below support the work RVU recommendation for 61640.

MPC	DESC	IWPUT
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	**0.096**
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	**0.098**
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	**0.100**
67820	Correction of trichiasis; epilation, by forceps only	**0.100**
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	**0.101**
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	**0.103**
33512	Coronary artery bypass, vein only; 3 coronary venous grafts	**0.103**
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	**0.108**
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	**0.108**
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)	**0.108**

Comparison Codes with 90 minutes intra-time and 000-global

The following recently reviewed 000-global codes that have 90 minutes of intra-service time support the recommended work RVU of 13.00.

Year	CPT	Descriptor	RVW	IWPUT	Total	PRE	INTRA	POST	99291	99233
	61640	Dilate ic vasospasm init	**13.00**	0.103	233	58	**90**	30		1
2013	**93583**	Perq transcath septal reduxn	**14.00**	0.134	188	58	**90**	40		
2013	**37244**	Vasc embolize/occlude	**14.00**	0.135	176	41	**90**	45		
2014	**33988**	Insertion of left heart vent	**15.00**	0.097	250	60	**90**	30	**1**	
2014	**33955**	Ecmo/ecls insj ctr cannula	**16.00**	0.108	250	60	**90**	30	**1**	
2014	**33956**	Ecmo/ecls insj ctr cannula	**16.00**	0.108	250	60	**90**	30	**1**	

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 61640

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Rarely

Specialty interventional radiology How often? Rarely

Specialty diagnostic radiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 111
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare Physician/Supplier Procedure Summary Master File indicates that 111 claims were submitted for code 61640 with the specialty distribution as shown below. None of these claims were paid. Please note: Thirteen claims (11.71%) were also submitted under neurology, possibly representing interventional neurology which does not have a Medicare specialty designation. There was not sufficient space to show this below.

Specialty neurosurgery Frequency 45 Percentage 40.54 %

Specialty interventional radiology Frequency 15 Percentage 13.51 %

Specialty diagnostic radiology Frequency 38 Percentage 34.23 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 61640

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:61641 Tracking Number W2 Original Specialty Recommended RVU: **5.50**
Presented Recommended RVU: **4.33**
Global Period: ZZZ RUC Recommended RVU: **4.33**

CPT Descriptor: Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old male with recent subarachnoid hemorrhage. Complete cerebral angiography (separately reportable even if performed on the same day) demonstrated significant vasospasm in the supraclinoid left internal carotid artery and the M1 segment of the left middle cerebral artery. After reporting this finding to the attending neurosurgeon, he/she requests balloon dilatation of the spastic segments. The internal carotid spasm balloon dilatation is completed (separately reportable) and the M1 segment spasm is now to be balloon dilated.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: A second bolus dose of intravenous heparin is administered, as appropriate. The ACT is checked. Additional heparin is given as necessary throughout the procedure, and the ACTs are monitored at appropriate intervals. Biplane AP, lateral and oblique angiograms of the cerebral vessels are obtained. High magnification biplane angiograms are then obtained, centered upon the arterial stenosis. The target lesion must be carefully reassessed for subtle changes that indicate the development of subacute intraluminal thrombus, which is a contraindication to performance of angioplasty. Precise, quantitative measurements of the stenotic artery are obtained to determine the proper diameter and length of the angioplasty balloon to be used. External reference markers may be placed on the skin in order to calculate the precise dimensions. Prepare appropriate size angioplasty balloon. Meticulous preparation is performed by the physician to eliminate the air within the balloon. Advance a steerable micro-guidewire and a low profile microcatheter through the guide catheter into the 2nd target intracranial artery(s) (additional vessel, same vascular family) using an angiographic roadmap. Gently advance micro-guidewire and microcatheter across the arterial stenosis. Remove the guidewire and replace with an exchange length wire, leaving the wire tip beyond the stenotic area. Remove microcatheter. Advance micro-angioplasty balloon over the exchange wire and across the stenosis. Slowly inflate balloon to dilate the lesion under fluoroscopic control while monitoring balloon pressure. Deflate balloon and withdraw into the internal carotid artery, leaving the guidewire across the stenosis. Obtain post-angioplasty angiograms by injecting contrast through the guide catheter to confirm satisfactory dilation of vessel lumen and antegrade filling of distal blood vessels. Wait fifteen minutes

and repeat angiogram to exclude the possibility of hyperacute thrombotic occlusion or rebound stenosis. If evidence of rebound stenosis, replace balloon to re-dilate the lesion or exchange for a larger angioplasty balloon if needed. Again wait fifteen minutes and repeat angiogram to exclude the possibility of hyperacute thrombotic occlusion or rebound stenosis. After a fifteen-minute period of observation with no further evidence of restenosis or acute arterial occlusion, remove the balloon and wire; then obtain final angiograms of the regional circulation to check for possible embolic complications. Remove guide catheter. All fluoroscopy, contrast injection, angiography and image interpretation associated with the arterial stenosis treated is included in the procedure up to this point.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Alexander Mason, MD; John Ratliff, MD; Henry Woo, MD; Michael Hall, MD; Joshua A. Hirsch, MD; Gregory N. Nicola, MD; Zeke Silva, MD		
Specialty(s):	AANS, CNS, SIR, ASNR, ACR		
CPT Code:	61641		
Sample Size:	1645	**Resp N:** 73	**Response:** 4.4 %
Description of Sample:	The Research Subcommittee approved ACR survey 50% random sample from ACR entire membership and a non-overlapping 50% random sample from relevant self-identified ACR subspecialties (neuro imaging, neurointerventional, interventional radiology). AAOS, ASNR, and AANS/CNS selected a random sample from membership.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	10.00	30.00
Survey RVW:	3.28	5.50	**7.50**	9.00	18.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	15.00	**30.00**	45.00	120.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	61641	**Recommended Physician Work RVU: 4.33**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37233	ZZZ	6.50	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37235	ZZZ	7.80	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 20.5 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 20.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 61641	**Top Key Reference CPT Code:** 37233	**2nd Key Reference CPT Code:** **37235**
Median Pre-Service Time	0.00	1.00	1.00
Median Intra-Service Time	30.00	60.00	80.00
Median Immediate Post-service Time	0.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**62.00**	**82.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.80	1.13
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.13	1.47
Urgency of medical decision making	1.73	1.80
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.27	1.73

Physical effort required	0.60	1.20
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.00	1.87
Outcome depends on the skill and judgment of physician	1.33	1.67
Estimated risk of malpractice suit with poor outcome	1.33	1.47

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.13	1.87

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background – 61640, 61641, 61642

For 2005, the CPT Editorial Panel approved new CPT codes (61640, 61641, 61642) to describe procedures involving intracranial angioplasty. Prior to the Panel's action, there were no codes to describe this treatment of patients with impaired cerebral circulation due to arterial narrowing. Angioplasty of the arteries supplying the brain is more complex than peripheral and coronary angioplasty cases necessitating the separate code family. The three codes were surveyed and the RUC submitted recommendations for work and practice expense to CMS. In the MPFS final rule for CY 2005, CMS stated: " *We are assigning a status indicator of N for these services because they are noncovered under Medicare due to a National Coverage Decision (NCD).*" The NCD for these codes remains in effect for CY 2016.

In February 2010, the RAW identified two arterial thrombolysis codes through the 75% reported together screen (37201 and 75896). In October of 2011, the specialty societies presented to the CPT Editorial Panel a code change proposal to bundle these services resulting in four new codes to describe non-coronary transcatheter therapy for thrombolysis bundled with radiologic S&I and E/M services. At that time, 37201 was deleted and 75896 was modified to prohibit its use for thrombolysis. Although the new codes specify non-coronary thrombolysis, the codes were developed and valued to address peripheral thrombolysis, not intracranial interventions. Because no codes were available in the MPFS that adequately described the physician work and intensity of intracranial thrombolysis and thrombectomy, the neurosurgery and radiology societies created three new bundled codes (61645, 61650, 61651) which were approved in February 2015 for CY 2016.

The Level of Interest Form associated with the three new codes for intracranial thrombolysis and mechanical thrombectomy, identified codes 61640-61642 as part of the "family" requiring survey along with the new codes. The specialty societies disagreed and pointed out that the balloon dilatation of intracranial vasospasm is not part of the intracranial thrombolysis family of services. These services are of the same anatomic distribution but a completely different intervention often in a different patient population. Further, we pointed out that 61640-61642 and are not commonly used as they are non-covered services for Medicare beneficiaries. Additionally, these codes assume that a separate diagnostic angiography is reported prior to the intervention. We indicated that this would be very confusing to value the variable coding techniques for both sets of services. The RUC determined that although CPT codes 61640-

61642 may present difficulties in conducting a survey, it has been nearly 10 years since their last RUC review and they should be surveyed.

61640-61642 were surveyed for the October 2015 RUC meeting. While reviewing the survey data for 61640, the specialties noted that the wrong 0-day global survey instrument had been used. These patients will have inpatient status and will return to the ICU after the procedure and additional E/M work at the bedside and in the ICU later the same day will be necessary. Therefore, we requested to resurvey code 61640 using a modified 0-day survey instrument that asks the question about site of service and same day E/M work that is standard for the 10 and 90 day global survey instruments. The RUC approved the request to resurvey and instructed the specialties to resurvey all 3 codes (61640-61642) and to present the data from the previous survey in addition to the new survey data.

Compelling Evidence – 61640, 61641, 61642

The specialty societies are recommending an increase in value concordant with our survey and supported by the following compelling evidence discussion:
Flawed methodology for previous valuation. When new code 61640 was approved by the CPT Editorial Panel in 2005, it was assigned a 90-day global period by CMS and surveyed as a 90-day global using the 90-day global survey instrument and 90-day reference codes. After conducting the survey, the specialties (AANS, CNS, ASNR, SIR) determined that a 90-day global assignment would be inappropriate. The RUC and CMS subsequently agreed that a 90-day global was inappropriate for 61640. To facilitate a recommendation, the societies used reverse building block to back out all visits from the survey data and used that information to calculate an IWPUT and develop a RUC recommendation. The RUC agreed with the intensity recommended by the specialty and the changes in pre-service time. At that time, the RUC used a building block approach to establish a work relative value for code 61640.

For add-on codes 61641 and 61642, the RUC agreed that the intensity for the codes was justified as there is no surgical rescue for procedural complications that occur in the cerebral vasculature. The RUC agreed that based on the specialty society's survey results indicating a very high intensity, and the RUC used a comparison service with and intensity of 0.144 multiplied by the survey time to arrive at a relative work value for each code. The RUC believed the resulting work RVUs were appropriate even though they were below the median survey work RVU results.

Although the circumstances were unusual with a late change in global period and insufficient time to resurvey for the code implementation, the current RUC approved methodology for valuing services does not allow reverse building block or building block. We therefore believe we have compelling evidence that there was a flawed methodology in the previous valuation.

Survey Process – 61640, 61641, 61642

The Research Subcommittee approved ACR survey 50% random sample from ACR entire membership and a non-overlapping 50% random sample from relevant self-identified ACR subspecialties (neuro imaging, neurointerventional, interventional radiology). No responses were received from the random sample from ACR entire membership. SIR, ASNR, and AANS/CNS surveyed a random sample from their entire membership. The Research Subcommittee approved use of a modified 0-day survey instrument that added the question for site of service and E/M on the same day that is standard in the 10 and 90 day global survey.

Recommendation - 61641

Key Reference Comparison

The mean intensity / complexity measures for code 61641 are appropriately significantly greater than the key reference codes which are both typically performed in an office setting.

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)	4.33	0.144	30
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	6.50	0.108	62
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	7.80	0.097	82

MPC Comparison

There are no MPC codes with a ZZZ global period at this level of work RVU.

Other Code Comparison

RUC-reviewed codes with a ZZZ global, as shown in the table below, support the recommendation for 61641.

CPT	DESC	IWPUT
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)	0.148
67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)	0.157
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	0.161
61610	Transection or ligation, carotid artery in cavernous sinus, with repair by anastomosis or graft (List separately in addition to code for primary procedure)	0.165
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)	0.144
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)	0.183
32501	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)	0.187
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	0.209
33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)	0.267

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 61641 and 61642 in conjunction with 61640)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 61641

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Rarely

Specialty interventional radiology How often? Rarely

Specialty diagnostic radiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. nationale utilization not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 56 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare Physician/Supplier Procedure Summary Master File indicates that 56 claims were submitted for code 61641 with the specialty distribution as shown below. None of these claims were paid. Please note: Seven claims (12.5%) were also submitted under neurology, possibly representing interventional neurology which does not have a Medicare specialty designation. There was not sufficient space to show this below.

Specialty neurosurgery Frequency 33 Percentage 58.92 %

Specialty interventional radiology Frequency 5 Percentage 8.92 %

Specialty diagnostic radiology Frequency 11 Percentage 19.64 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 61641

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:61642 Tracking Number W3 Original Specialty Recommended RVU: **7.80**
Presented Recommended RVU: **7.80**
Global Period: ZZZ RUC Recommended RVU: **6.50**

CPT Descriptor: Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old male with recent subarachnoid hemorrhage. Complete cerebral angiography (separately reportable even if performed on the same day) demonstrated significant vasospasm in the supraclinoid LEFT internal carotid artery and the M1 segment of the RIGHT middle cerebral artery. After reporting this finding to the attending neurosurgeon, he/she requests balloon dilatation of the spastic segments. The LEFT internal carotid spasm balloon dilatation is completed (separately reportable) and the RIGHT M1 segment spasm is now to be dilated.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: A second bolus dose of intravenous heparin may be administered. The ACT is checked. Additional heparin is given as necessary throughout the procedure, and the ACTs are monitored at appropriate intervals. Pressurized, continuous heparin/saline flush systems are prepared. Meticulous examination of these systems is performed by the physician to exclude the possibility of residual air bubbles. The left common carotid artery is selectively catheterized with 5 Fr catheter. Biplane AP and lateral angiograms of the cervical common carotid artery are obtained. If necessary, oblique views are obtained to profile carotid the carotid bifurcation. Biplane AP and lateral (and possibly oblique) angiograms of the intracranial vessels are also obtained to determine that no interval change has occurred since the original diagnostic angiogram. Advance catheter into the external carotid artery over a steerable guidewire. Utilizing an exchange wire placed into the external carotid artery, a neuroguide catheter is placed into the common carotid artery. A common carotid artery angiogram is obtained to confirm appropriate positioning of the guide catheter below the carotid bifurcation and to exclude the possibility of arterial spasm, dissection or thromboembolus during guide catheter placement. The guide catheter is then advanced into the internal carotid artery over a steerable guide wire. A cervical internal carotid artery angiogram is obtained to confirm appropriate positioning of the guide catheter and to exclude the possibility of arterial spasm, dissection or thromboembolus. Guide catheter is placed on continuous heparin flush utilizing a flow control Y-connector. Biplane AP, lateral and oblique angiograms of the cerebral vessels are obtained. High magnification biplane angiograms are then obtained, centered upon the arterial stenosis. The target lesion must be carefully reassessed for subtle

changes that indicate the development of subacute intraluminal thrombus, which is a contraindication to performance of angioplasty. Precise, quantitative measurements of the stenotic artery are obtained to determine the proper diameter and length of the angioplasty balloon to be used. External reference markers may be placed on the skin in order to calculate the precise dimensions. Prepare appropriate size angioplasty balloon. Meticulous preparation is performed by the physician to eliminate the air within the balloon. Advance a steerable micro-guidewire and a low profile microcatheter through the guide catheter into the additional vessel, in different vascular family from vessel coated in 6162X3. Gently advance micro-guidewire and microcatheter across the arterial stenosis. Remove the guidewire and replace with an exchange length wire, leaving the wire tip beyond the stenotic area. Remove microcatheter. Advance micro-angioplasty balloon over the exchange wire and across the stenosis. Slowly inflate balloon to dilate the lesion under fluoroscopic control while monitoring balloon pressure. Deflate balloon and withdraw into internal carotid artery, leaving the guidewire across the stenosis. Obtain post-angioplasty angiograms by injecting contrast through the guide catheter to confirm satisfactory dilation of vessel lumen and antegrade filling of distal blood vessels. Wait fifteen minutes and repeat angiogram to exclude the possibility of hyperacute thrombotic occlusion or rebound stenosis. If evidence of rebound stenosis, replace balloon to re-dilate the lesion or exchange for a larger angioplasty balloon if needed. Again wait fifteen minutes and repeat angiogram to exclude the possibility of hyperacute thrombotic occlusion or rebound stenosis. After a fifteen-minute period of observation with no further evidence of restenosis or acute arterial occlusion, remove the balloon and wire; then obtain final angiograms of the regional circulation to check for possible embolic complications. Remove guide catheter. All fluoroscopy, contrast injection, angiography and image interpretation associated with the arterial stenosis treated is included in the procedure up to this point.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Alexander Mason, MD; John Ratliff, MD; Henry Woo, MD; Michael Hall, MD; Joshua A. Hirsch, MD; Gregory N. Nicola, MD; Zeke Silva, MD		
Specialty(s):	AANS, CNS, SIR, ASNR, ACR		
CPT Code:	61642		
Sample Size:	1645	**Resp N:** 69	**Response:** 4.1 %
Description of Sample:	The Research Subcommittee approved ACR survey 50% random sample from ACR entire membership and a non-overlapping 50% random sample from relevant self-identified ACR subspecialties (neuro imaging, neurointerventional, interventional radiology). AAOS, ASNR, and AANS/CNS selected a random sample from membership.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	10.00	40.00
Survey RVW:	4.00	7.80	**9.25**	12.00	24.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	30.00	**45.00**	60.00	120.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	61642	**Recommended Physician Work RVU: 6.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37235	ZZZ	7.80	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33884	ZZZ	8.20	**RUC Time**

CPT Descriptor Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 33.3 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 27.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 61642	Top Key Reference CPT Code: 37235	2nd Key Reference CPT Code: **33884**
Median Pre-Service Time	0.00	1.00	0.00
Median Intra-Service Time	45.00	80.00	60.00
Median Immediate Post-service Time	0.00	1.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**45.00**	**82.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.70	0.89
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.30	1.47
Urgency of medical decision making	1.70	1.74
Technical Skill/Physical Effort (Mean)		
Technical skill required	1.57	1.63

Physical effort required	0.96	0.89
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	1.96	1.89
Outcome depends on the skill and judgment of physician	1.48	1.58
Estimated risk of malpractice suit with poor outcome	1.39	1.58

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.65	1.79

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background – 61640, 61641, 61642

For 2005, the CPT Editorial Panel approved new CPT codes (61640, 61641, 61642) to describe procedures involving intracranial angioplasty. Prior to the Panel's action, there were no codes to describe this treatment of patients with impaired cerebral circulation due to arterial narrowing. Angioplasty of the arteries supplying the brain is more complex than peripheral and coronary angioplasty cases necessitating the separate code family. The three codes were surveyed and the RUC submitted recommendations for work and practice expense to CMS. In the MPFS final rule for CY 2005, CMS stated: " *We are assigning a status indicator of N for these services because they are noncovered under Medicare due to a National Coverage Decision (NCD).*" The NCD for these codes remains in effect for CY 2016.

In February 2010, the RAW identified two arterial thrombolysis codes through the 75% reported together screen (37201 and 75896). In October of 2011, the specialty societies presented to the CPT Editorial Panel a code change proposal to bundle these services resulting in four new codes to describe non-coronary transcatheter therapy for thrombolysis bundled with radiologic S&I and E/M services. At that time, 37201 was deleted and 75896 was modified to prohibit its use for thrombolysis. Although the new codes specify non-coronary thrombolysis, the codes were developed and valued to address peripheral thrombolysis, not intracranial interventions. Because no codes were available in the MPFS that adequately described the physician work and intensity of intracranial thrombolysis and thrombectomy, the neurosurgery and radiology societies created three new bundled codes (61645, 61650, 61651) which were approved in February 2015 for CY 2016.

The Level of Interest Form associated with the three new codes for intracranial thrombolysis and mechanical thrombectomy, identified codes 61640-61642 as part of the "family" requiring survey along with the new codes. The specialty societies disagreed and pointed out that the balloon dilatation of intracranial vasospasm is not part of the intracranial thrombolysis family of services. These services are of the same anatomic distribution but a completely different intervention often in a different patient population. Further, we pointed out that 61640-61642 and are not commonly used as they are non-covered services for Medicare beneficiaries. Additionally, these codes assume that a separate diagnostic angiography is reported prior to the intervention. We indicated that this would be very confusing to value the variable coding techniques for both sets of services. The RUC determined that although CPT codes 61640-

61642 may present difficulties in conducting a survey, it has been nearly 10 years since their last RUC review and they should be surveyed.

61640-61642 were surveyed for the October 2015 RUC meeting. While reviewing the survey data for 61640, the specialties noted that the wrong 0-day global survey instrument had been used. These patients will have inpatient status and will return to the ICU after the procedure and additional E/M work at the bedside and in the ICU later the same day will be necessary. Therefore, we requested to resurvey code 61640 using a modified 0-day survey instrument that asks the question about site of service and same day E/M work that is standard for the 10 and 90 day global survey instruments. The RUC approved the request to resurvey and instructed the specialties to resurvey all 3 codes (61640-61642) and to present the data from the previous survey in addition to the new survey data.

Compelling Evidence – 61640, 61641, 61642

The specialty societies are recommending an increase in value concordant with our survey and supported by the following compelling evidence discussion:
Flawed methodology for previous valuation. When new code 61640 was approved by the CPT Editorial Panel in 2005, it was assigned a 90-day global period by CMS and surveyed as a 90-day global using the 90-day global survey instrument and 90-day reference codes. After conducting the survey, the specialties (AANS, CNS, ASNR, SIR) determined that a 90-day global assignment would be inappropriate. The RUC and CMS subsequently agreed that a 90-day global was inappropriate for 61640. To facilitate a recommendation, the societies used reverse building block to back out all visits from the survey data and used that information to calculate an IWPUT and develop a RUC recommendation. The RUC agreed with the intensity recommended by the specialty and the changes in pre-service time. At that time, the RUC used a building block approach to establish a work relative value for code 61640.

For add-on codes 61641 and 61642, the RUC agreed that the intensity for the codes was justified as there is no surgical rescue for procedural complications that occur in the cerebral vasculature. The RUC agreed that based on the specialty society's survey results indicating a very high intensity, and the RUC used a comparison service with and intensity of 0.144 multiplied by the survey time to arrive at a relative work value for each code. The RUC believed the resulting work RVUs were appropriate even though they were below the median survey work RVU results.

Although the circumstances were unusual with a late change in global period and insufficient time to resurvey for the code implementation, the current RUC approved methodology for valuing services does not allow reverse building block or building block. We therefore believe we have compelling evidence that there was a flawed methodology in the previous valuation.

Survey Process – 61640, 61641, 61642

The Research Subcommittee approved ACR survey 50% random sample from ACR entire membership and a non-overlapping 50% random sample from relevant self-identified ACR subspecialties (neuro imaging, neurointerventional, interventional radiology). No responses were received from the random sample from ACR entire membership. SIR, ASNR, and AANS/CNS surveyed a random sample from their entire membership. The Research Subcommittee approved use of a modified 0-day survey instrument that added the question for site of service and E/M on the same day that is standard in the 10 and 90 day global survey.

Recommendation - 61642

Key Reference Comparison

The mean intensity / complexity measures for code 61642 are appropriately significantly greater than the key reference code 37235 which is typically performed in an office setting and appropriately higher than code 33884 (electively placing a prosthetic extension for an endoleak of a previous endovascular repair).

CPT	DESCRIPTOR	RVW	IWPUT	TOT MIN
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)	6.50	0.144	45
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	7.80	0.097	82
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)	8.20	0.137	60

MPC Comparison

There are no MPC codes with a ZZZ global period at this level of work RVU.

Other Code Comparison

RUC-reviewed codes with a ZZZ global, as shown in the table below, support the recommendation for 61642.

CPT	DESC	IWPUT
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)	0.148
67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)	0.157
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	0.161
61610	Transection or ligation, carotid artery in cavernous sinus, with repair by anastomosis or graft (List separately in addition to code for primary procedure)	0.165
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)	0.144
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)	0.183
32501	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)	0.187
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	0.209
33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)	0.267

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 61641 and 61642 in conjunction with 61640)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 61642

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Rarely

Specialty interventional radiology How often? Rarely

Specialty diagnostic radiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 31 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare Physician/Supplier Procedure Summary Master File indicates that 31 claims were submitted for code 61642 with the specialty distribution as shown below. None of these claims were paid. Please note: Two claims (6.45%) were also submitted under neurology, possibly representing interventional neurology which does not have a Medicare specialty designation. There was not sufficient space to show this below.

Specialty neurosurgery Frequency 12 Percentage 38.70 %

Specialty interventional radiology Frequency 6 Percentage 19.35 %

Specialty diagnostic radiology Frequency 11 Percentage 35.48 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 61642

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Intracranial Endovascular Intervention

TAB: 38

					RVW					Total	Pre	PRE			INTRA					POST-FACILITY			SURVEY EXPERIENCE					
SOURCE	CPT	Description	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	33	MIN	25th	MED	75th	MAX	TYP?
REF1	37231	Revascularization, endovascula	21	0.099			15.00			213	2b	40	3	5			135			30								
REF2	92941	Percutaneous transluminal reva	14	0.155			12.56			149	2b	33	1	5			70			40								
current	61640	Balloon dilatation of intracranial		0.106			12.32			227		40	17	20			90			60								
SVY (07/15)	61640	Balloon dilatation of intracranial	55	0.125	8.00	12.50	14.50	16.00	23.00	245		75	20	15	60	60	90	120	210	45			1	5	10	12	50	89%
SVY (10/15)	61640	Balloon dilatation of intracranial	73	0.117	8.00	13.00	15.00	16.70	32.00	265		60	15	15	35	60	90	90	180	30		1	0	4	6	10	36	90%
REC	61640	Balloon dilatation of intracranial		0.103			13.00			233	4	40	3	15			90			30	9b	1						
REF1	37233	Revascularization, endovascula	15	0.108			6.50			62		1					60			1								
REF2	37235	Revascularization, endovascula	15	0.097			7.80			82		1					80			1								
current	61641	Balloon dilatation of intracranial		0.144			4.33			30		0					30			0								
SVY (07/15)	61641	Balloon dilatation of intracranial	53	0.233	3.00	6.00	7.00	8.50	20.00	30		0			15	30	30	60	120	0			1	4	10	12	30	91%
SVY (10/15)	61641	Balloon dilatation of intracranial	73	0.250	3.28	5.50	7.50	9.00	18.00	30		0			10	15	30	45	120	0			0	2	5	10	30	95%
REC	61641	Balloon dilatation of intracranial		0.144			4.33			30	ZZZ	0					30			0	ZZZ							
REF1	37235	Revascularization, endovascula	23	0.097			7.80			82		1					80			1								
REF2	33884	Placement of proximal extensio	19	0.137			8.20			60		0					60			0								
current	61642	Balloon dilatation of intracranial		0.144			8.66			60		0					60			0								
SVY (07/15)	61642	Balloon dilatation of intracranial	52	0.140	4.25	7.00	8.50	10.50	21.00	65		0			15	30	60	60	135	5			1	3	8	10	25	92%
SVY (10/15)	61642	Balloon dilatation of intracranial	69	0.206	4.00	7.80	9.25	12.00	24.00	45		0			10	30	45	60	120	0			0	2	5	10	40	96%
REC	61642	Balloon dilatation of intracranial		0.144			6.50			45	ZZZ	0					45			0	ZZZ							

Tab Number: 38

Issue: Intracranial Endovascular Intervention

Code(s): 61640-61642

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	John Ratliff, MD
Specialty Society:	American Association of Neurological Surgeons
Date:	December 13, 2015

Tab Number: 38

Issue: Intracranial Endovascular Intervention

Code(s): 61640-61642

Attestation Statement

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Signature:	
Print Name:	Ezequiel Silva III, MD
Specialty Society:	American College of Radiology
Date:	December 11, 2015

Tab Number: 38

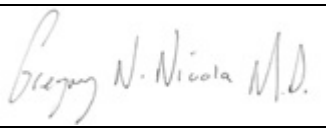
Issue: Intracranial Endovascular Intervention

Code(s): 61640-61642

Attestation Statement

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Signature:	
Print Name:	Greg Nicola, MD
Specialty Society:	American Society of Neuroradiology
Date:	December 13, 2015

Tab Number: 38

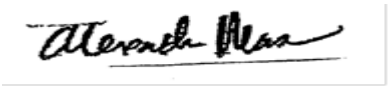
Issue: Intracranial Endovascular Intervention

Code(s): 61640-61642

Attestation Statement

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Signature:	
Print Name:	Alexander Mason, MD
Specialty Society:	Congress of Neurological Surgeons
Date:	December 13, 2015

[redacted]
Tab #38
[redacted]
Tab Number

[redacted]
Intracranial Endovascular Intervention
[redacted]
Issue

[redacted]
61640-61642
[redacted]
Code Range

Attestation Statement

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Signature

Michael Hall, MD
Printed Signature

The Society of Interventional Radiology (SIR)
Specialty Society

December 14, 2015
Date

14
15
20
38
39
47
Tab Number

Dialysis Circuit
Open and Percutaneous Transluminal Angioplasty
Mammography-Computer Aided Detection Bundling
Intracranial Endovascular Intervention
MRI Face
Non-invasive Physiologic Studies of Extremity Veins
Issue

369X1-369X9
372X1-372X4
770X1-770X3
61640-61642
70540, 70542-70543
93965
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

December 15, 2015
Date

38
Tab Number

Intracranial Endovascular Intervention
Issue

61640-61642
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



_____
Signature

Josh Hirsch, MD
_____
Printed Signature

American Society of Neuroradiology (ASNR)
_____
Specialty Society

11/17/15
_____
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT	DESCRIPTOR	GLOBAL
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	**000**
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)	ZZZ
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)	ZZZ

Meeting Date April 2015

These patients will be inpatient prior to and after these procedures 100% of the time.
No clinical staff time, supplies or equipment is recommended.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: N/A

Intra-Service Clinical Labor Activities: N/A

Post-Service Clinical Labor Activities: N/A

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT	DESCRIPTOR	GLOBAL
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	**000**
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)	ZZZ
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)	ZZZ

Meeting Date April 2015

No clinical staff time, supplies or equipment is recommended for the non-facility setting.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: N/A

Intra-Service Clinical Labor Activities: N/A

Post-Service Clinical Labor Activities: N/A

	A	B	C	D	E	F	G	H	I
1				Recommend		Recommend		Recommend	
2				61640		61641		61642	
3	**Meeting Date: 01/2016** **Tab: 38** **Specialty: AANS/CNS, ACR, SIR, ASNR**	**CMS Code**	**Staff Type**	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel		each additional vessel in same vascular family		each additional vessel in different vascular family	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6	**TOTAL CLINICAL LABOR TIME**			**N/A**	**0**	**N/A**	**0**	**N/A**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**				**0**		**0**		**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**				**0**		**0**		**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**				**0**		**0**		**0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
43	**End: Patient leaves office**								
44	**POST-SERVICE Period**								
45	**Start: Patient leaves office/facility**								
55	**End: with last office visit before end of global period**								
56	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
57									
58	**EQUIPMENT**	**CODE**							
59									

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

MRI Face and Neck

In the NPRM for 2016 CMS re-ran the 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. CPT code 70543 was identified by this screen and 70540 and 70542 were included as part of the family. These services were presented for review of physician work and practice expense at the January 2016 RUC meeting.

Prior to reviewing the survey results for these MRI face and neck codes, the RUC discussed the physician time components and evolving physician work for the entire family. First, the RUC noted that the current physician time components are flawed. CPT code 70540 has CMS/Other time of 28 minutes, which as the RUC has noted previously, is not surveyed time and is the result of a single CMS official assigning time in rulemaking over 20 years ago. Also, for codes 70542 and 70543, last surveyed in 2000, the intra-service time for these procedures is identical. In every other MRI family, there are services for "with contrast" and "with and without contrast" which have an incremental increase in intra-service time for the most complex work "with and without contrast." These current surveys correct that error.

Second, although the specialty societies did not present compelling evidence, the physician work involved in these procedures has changed substantially since the last the last valuation over 15 years ago. Modern pulse sequences allow thinner slice profiles, leading to an increase in the number of images typically acquired. The thinner slice profile has led to the detection of subtle abnormalities not visible with older techniques. This includes detection of perineural inflammation, perineural tumor spread, tumor cellularity and vascularity, as well as intracranial extension via skull base foramen.

Given these arguments, the RUC agreed that while the surveys show changes in the physician times for these procedures, the current work RVUs, which are appropriately aligned relative to the other MRI brain and spine families, should remain the same.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

70540 ***Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)***
The RUC reviewed the survey results from 56 practicing radiologists and neuroradiologists and agreed with the following survey median times: pre-service evaluation time of 5 minutes, intra-service time of 19 minutes and immediate post-service time of 5 minutes.

The RUC reviewed the survey respondents' physician work values and agreed that the survey results overvalued the procedure with a 25th percentile work RVU of 1.55. Therefore, the RUC recommended the current work RVU of 1.35 for CPT code 70540. To justify a work RVU of 1.35, the RUC compared the surveyed code to the top two key reference codes 70551 *Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material* (work RVU= 1.48, intra time= 18 minutes) and 72141 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material* (work RVU= 1.48, intra time= 20 minutes) and agreed that since the MRI of the face and neck is a less complex procedure compared to the equivalent brain and spine codes, the recommended value is appropriately less than these reference points. To further validate the recommended value, the RUC reviewed the other two spine MRI codes 72146 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material* (work RVU= 1.48) and 72148 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material* (work RVU= 1.48). **The RUC recommends a work RVU of 1.35 for CPT code 70540.**

70542 ***Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)***
The RUC reviewed the survey results from 56 practicing radiologists and neuroradiologists and agreed with the following survey median times: pre-service evaluation time of 5 minutes, intra-service time of 20 minutes and immediate post-service time of 5 minutes.

The RUC reviewed the survey respondents' physician work values and agreed that the survey results overvalued the procedure with a 25th percentile work RVU of 1.80. Therefore, the RUC recommended the current work RVU of 1.62 for CPT code 70542. To justify a work RVU of 1.62, the RUC compared the surveyed code to the top two key reference codes 70552 *Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)* (work RVU= 1.78, intra time= 20 minutes) and 72142 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)* (work RVU= 1.78, intra time= 23 minutes) and agreed that since the MRI of the face and neck is a less complex procedure compared to the equivalent brain and spine codes, the recommended value is appropriately less than these reference points. To further validate the recommended value, the RUC reviewed the other two spine MRI codes 72147 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)* (work RVU= 1.78) and 72149 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)* (work RVU= 1.78). **The RUC recommends a work RVU of 1.62 for CPT code 70542.**

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70543 ***Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences***

The RUC reviewed the survey results from 56 practicing radiologists and neuroradiologists and agreed with the following survey median times: pre-service evaluation time of 5 minutes, intra-service time of 25 minutes and immediate post-service time of 5 minutes.

The RUC reviewed the survey respondents' physician work values and agreed that the survey results overvalued the procedure with a 25th percentile work RVU of 2.28. Therefore, the RUC recommended the current work RVU of 2.15 for CPT code 70543. To justify a work RVU of 2.15, the RUC compared the surveyed code to the top two key reference codes 70553 *Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences* (work RVU= 2.29, intra time= 25 minutes) and 72156 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical* (work RVU= 2.29, intra time= 25 minutes) and agreed that since the MRI of the face and neck is a less complex procedure compared to the equivalent brain and spine codes, the recommended value is appropriately less than these reference points. To further validate the recommended value, the RUC reviewed the other two spine MRI codes 72157 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic* (work RVU= 2.29) and 72158 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar* (work RVU= 2.29). **The RUC recommends a work RVU of 2.15 for CPT code 70543.**

Practice Expense:
The Practice Expense Subcommittee set a new precedent to include a professional work station in addition to the currently included PACS work station. The time allocated to this work station, for these codes, includes the pre and intra-service time, specifically for the physician to review and prepare the report.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
70540 (f)	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	XXX	1.35 (No Change)

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70542 (f)	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	XXX	1.62 (No Change)
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	XXX	2.15 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70540 Tracking Number Original Specialty Recommended RVU: **1.35**
Presented Recommended RVU: **1.35**
Global Period: XXX RUC Recommended RVU: **1.35**

CPT Descriptor: Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An older patient with a palpable lump in the parotid region and chronic renal insufficiency. CT of the neck without contrast was negative. MRI Neck without IV contrast requested to assess for mass.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 8%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 8%

Description of Pre-Service Work: Review the request for appropriateness, and review the clinical history as well as any prior applicable studies. Confirm that there is no contraindication for an MRI. Communicate the protocol to the technologist.

Description of Intra-Service Work: Determine whether contrast-enhanced sequences are necessary. Interpret the images and evaluate the parotid glands, submandibular glands, thyroid gland, paranasal sinuses, orbits (globes, orbital fat, extraocular muscles, lacrimal glands, optic nerves), nasal cavity, nasopharynx, oropharynx, oral cavity, hypopharynx and larynx. Evaluate parapharyngeal and carotid spaces, neck muscles, and lymph nodes. Evaluate cervical spine, facial bones, and visualized brain/brainstem/cranial nerves. Evaluate for etiologies of patient's symptoms such as swelling, mass, pain, difficulty swallowing, painful swallowing, cranial nerve palsies and visual abnormalities. Count and measure masses and/or enlarged lymph nodes.

Compare the current imaging to all pertinent available prior studies. Dictate a report.

Description of Post-Service Work: Review and sign the final report. Communicate the findings with the referring physician and/or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016					
Presenter(s):	Zeke Silva III, MD; Kurt Schoppe, MD; Greg Nicola, MD					
Specialty(s):	American College of Radiology, American Society of Neuroradiology					
CPT Code:	70540					
Sample Size:	1930	**Resp N:**	56	**Response:** 2.9 %		
Description of Sample:	ACR surveyed a random and targeted sample of 375 members per sample (total of 750). ASNR surveyed a random sample of 1,180 members.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	15.00	**35.00**	70.00	300.00
Survey RVW:	1.20	1.55	**1.82**	2.29	3.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	13.00	**19.00**	20.00	35.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70540	**Recommended Physician Work RVU: 1.35**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**19.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70551	XXX	1.48	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72141	XXX	1.48	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99203	XXX	1.42	**RUC Time**	10,450,238

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 29.3 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 10.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 70540	Top Key Reference CPT Code: 70551	2nd Key Reference CPT Code: **72141**
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	19.00	18.00	20.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**29.00**	**28.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.71	1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.71	0.67
Urgency of medical decision making	0.06	0.33
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.88	0.67
Physical effort required	0.35	0.50

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.35	0.00
Outcome depends on the skill and judgment of physician	0.76	0.83
Estimated risk of malpractice suit with poor outcome	0.47	0.67

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.82	0.83

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

General Comments

Background

CPT Code 70543 *(Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences)* was among the codes identified by CMS in the CY2016 NPRM, Table 8 - high expenditure by specialty screen.
The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) surveyed the expanded family to include CPT codes 70540 (*Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material)* and 70542 *(Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s))*. The specialties convened an expert panel of physicians familiar with the services to review the survey data.
The service period times for 70540 have a CMS/Other source in the RUC database, while 70542 and 70543 have previously been reviewed by the RUC.

The three codes and their existing values are as follows:

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT	RUC Meeting
70540	MRI orbit, face, and/or neck w/o cont	1.35				28		CMS/Other
70542	MRI orbit, face and/or neck w cont	1.62	8	15	10	33	0.081	Apr 2000
70543	MRI orbit, face and/or neck w/o & w cont	2.15	8	15	10	33	0.117	Apr 2000

Work RVU Recommendations

The expert panel recommends maintaining current values for all three codes in the family.

Pre, Intra, and Post Service Times

The panel recommends the median survey service period times for all three codes as summarized in the following table:

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70540	**MRI orbit, face, and/or neck w/o cont**	**1.35**	**5**	**19**	**5**	**29**	**0.059**
70542	MRI orbit, face and/or neck w cont	1.62	5	20	5	30	0.070
70543	MRI orbit, face and/or neck w/o & w cont	2.15	5	25	5	35	0.077

Compelling Evidence

While our societies are not submitting compelling evidence arguments for an increase in value, we would point out the revolutionary changes in MR technology since this procedure was originally valued. Modern pulse sequences allow thinner slice profiles, leading to an increase in the number of images typically acquired. The thinner slice profile has led to the detection of subtle abnormalities not visible with older techniques. This includes detection of perineural inflammation, perineural tumor spread, tumor cellularity and vascularity, as well as intracranial extension via skull base foramen.

Codes 70540, 70542, and 70543 are invaluable tools in investigating a diverse set of pathologies, which range from minor to life threatening. They are pivotal tools in investigating neck pain, swelling, masses, dysphagia/odynophagia, orbital pathologies as well as the location/type/extent of a known infectious/inflammatory/neoplastic process involving the orbit/face/neck. Not only is a positive result significant, a negative result is also pertinent in patient management, in relieving patient anxiety, and in providing assurance to ordering physicians. They are technically challenging examinations to interpret. Subtle findings, combined with motion artifact created by swallowing or respiration, require meticulous attention to detail in order to provide proper interpretation. Each MR pulse sequence is interpreted in conjunction with the other sequences, as the differential diagnosis will drastically change depending on how pathology looks on each sequence (no one sequence is diagnostic in isolation). A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training necessary to accurately interpret led us to believe that this procedure is appropriately valued as above.

Comparison to other RUC reviewed MR codes

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70540	**MRI orbit, face, and/or neck w/o cont**	**1.35**	**5**	**19**	**5**	**29**	**0.059**
70551	MRI brain w/o cont	1.48	5	18	5	28	0.070
72141	MRI spine w/o cont; cervical	1.48	5	20	5	30	0.063
72146	MRI spine w/o cont; thoracic	1.48	5	20	5	30	0.063
72148	MRI spine w/o cont; lumbar	1.48	5	20	5	30	0.063
70542	**MRI orbit, face and/or neck w cont**	**1.62**	**5**	**20**	**5**	**30**	**0.070**
70552	MRI brain w cont	1.78	5	20	7	32	0.076
72142	MRI spine w cont; cervical	1.78	5	23	5	33	0.068
72147	MRI spine w cont; thoracic	1.78	5	23	5	33	0.068
72149	MRI spine w cont; lumbar	1.78	5	23	5	33	0.068
70543	**MRI orbit,face, and/or neck w/o & w cont**	**2.15**	**5**	**25**	**5**	**35**	**0.077**
70553	MRI brain w/o & w cont	2.29	5	25	7	37	0.081
72156	MRI spine w/o & w cont; cervical	2.29	5	25	5	35	0.083
72157	MRI spine w/o & w cont ; thoracic	2.29	5	25	5	35	0.083
72158	MRI spine w/o & w cont ; lumbar	2.29	5	25	5	35	0.083

Code Specific Comments

Summary of Recommendation for CPT Code 70540 (*Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material)*
Our expert panel recommends maintaining the current value of 70540 at 1.35 RVU with median service period times of 5, 19, and 5 minutes. Our RVU recommendation is less than the survey 25th percentile, supporting maintaining current value.

Key Reference Service (KRS) for 70540
Our recommendation compares favorably to the most commonly chosen KRS, 70551 *(Magnetic resonance (eg, proton) imaging, brain (including brainstem); without contrast material)*. Our recommended RVU of 1.35 is 0.13 RVU less than 70551. The pre and post times are identical between 70540 and 70551. Our intra-service time recommendation of 19 minutes is 1 minute greater than the intra-service time for 70551. The one minute longer intra-service time likely reflects the larger number of pulse sequences for 70540 vs 70551, and the greater overall surface area of imaging for 70540 (neck) vs. 70551 (head). Intensity and complexity measures were similar for 70551 and 70540; however, 70551 is performed in the inpatient and ER setting to a greater extent than 70540. The higher IWPUT for 70551 is acceptable given the differences in site of service. In summary, the lower IWPUT relates to site of service differences, balanced by the longer intra-service time for 70540 compared to KRS 70551, and supports our work recommendation.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70540	**MRI orbit, face, and/or neck w/o cont**	**1.35**	**5**	**19**	**5**	**19**	**0.059**
70551	MRI brain w/o cont	1.48	5	18	5	18	0.070

MPC Code for 70540

Our recommendation compare favorably to MPC code, 99203 *(Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.)*, demonstrating similar work RVUs, intra-service time, total time, and IWPUT.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70540	**MRI orbit, face, and/or neck w/o cont**	**1.35**	**5**	**19**	**5**	**29**	**0.059**
99203	Office/outpatient new (Low Complexity)	1.42	4	20	5	29	0.061

Summary

Our expert panel recommends maintaining the current value of 70540 at 1.35 RVU, with median service period times of 5, 19, and 5 minutes. We believe this compares favorably with the key reference service, 70551, and MPC code, 99203. Relativity is also appropriate across the 3 codes for MR of the orbit/face/neck, as well as across the larger family of MR codes.

Summary Table

CPT Code	Short Descriptor	Proposed RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70540	MRI orbit, face, and/or neck w/o cont	1.35	5	19	5	29	0.059
70542	MRI orbit, face, and/or neck w cont	1.62	5	20	5	30	0.070
70543	MRI orbit, face, and/or neck w/o & w cont	2.15	5	25	5	35	0.077

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70540

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 31902
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 70540 provided nationally in a one-year period is estimated to be 31,902.

Specialty Diagnostic Radiology Frequency 27817 Percentage 87.19 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,634 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 70540 was billed approximately 10,634 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 9272 Percentage 87.19 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: Brain/Head/Neck

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70540

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70542 Tracking Number Original Specialty Recommended RVU: **1.62**
Presented Recommended RVU: **1.62**
Global Period: XXX RUC Recommended RVU: **1.62**

CPT Descriptor: Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An older patient with biopsy proven carcinoma of a palpable nodal neck mass. Patient submits outside MRI of the neck obtained without contrast. MRI Neck with IV contrast ordered for primary cancer localization and staging.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 8%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 6%

Description of Pre-Service Work: Review the request for appropriateness, and review the clinical history as well as any prior applicable studies. Confirm that there is no contraindication for an MRI. The physician reviews laboratory studies to assess renal function (and requests a renal consult, if necessary) and also reviews the medical record for allergy history, absence of contraindications to contrast injection, and factors predisposing the patient to nephrogenic systemic fibrosis. The physician adjusts the contrast product and amount to be injected. The physician discusses the nature and risks of contrast reaction to the patient and obtains informed consent where applicable. The physician supervises the IV placement and communicates the protocol to the technologist.

Description of Intra-Service Work: Supervise gadolinium contrast injection, monitoring for contrast reaction and extravasation, and interpret the images. Review contrast-phase MR images and consider obtaining delayed-phase MR images. Interpret triplanar postcontrast images of the neck.
Interpret the images and evaluate the parotid glands, submandibular glands, thyroid gland, paranasal sinuses, orbits (globes, orbital fat, extraocular muscles, lacrimal glands, optic nerves), nasal cavity, nasopharynx, oropharynx, oral cavity, hypopharynx, and larynx. Evaluate parapharyngeal and carotid spaces, neck muscles, and lymph nodes. Evaluate cervical spine, facial bones, cranial nerves, and visualized brain/brainstem/cranial nerves. Evaluate for etiologies of patient's symptoms such as swelling, mass, pain, difficulty swallowing, painful swallowing, and visual abnormalities. Count and measure masses and/or enlarged lymph nodes.

Compare the current imaging to all pertinent available prior studies. Dictate a report.

Description of Post-Service Work: The physician confirms lack of complication from contrast agent such as allergic reaction or extravasation of contrast. Review and sign the final report. Communicate the findings with the referring physician and/or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016					
Presenter(s):	Zeke Silva III, MD; Kurt Schoppe, MD; Greg Nicola, MD					
Specialty(s):	American College of Radiology, American Society of Neuroradiology					
CPT Code:	70542					
Sample Size:	1930	**Resp N:**	56	**Response:** 2.9 %		
Description of Sample:	ACR surveyed a random and targeted sample of 375 members per sample (total of 750). ASNR surveyed a random sample of 1,180 members.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	8.00	**20.00**	50.00	250.00
Survey RVW:	1.50	1.80	**2.00**	2.33	3.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	14.00	**20.00**	25.00	45.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70542	**Recommended Physician Work RVU: 1.62**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70552	XXX	1.78	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72142	XXX	1.78	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93351	XXX	1.75	**RUC Time**	262,600

CPT Descriptor 1 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 26.7 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 12.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 70542	Top Key Reference CPT Code: 70552	2nd Key Reference CPT Code: **72142**
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	20.00	20.00	23.00
Median Immediate Post-service Time	5.00	7.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**32.00**	**33.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.80	0.71
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.80	0.57
Urgency of medical decision making	0.13	0.14
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.93	0.29
Physical effort required	0.60	0.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.53	0.29
Outcome depends on the skill and judgment of physician	0.73	0.57
Estimated risk of malpractice suit with poor outcome	0.53	0.71

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.87	0.43

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

General Comments

Background

CPT Code 70543 *(Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences)* was among the codes identified by CMS in the CY2016 NPRM, Table 8 - high expenditure by specialty screen.
The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) surveyed the expanded family to include CPT codes 70540 (*Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material)* and 70542 *(Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s))*. The specialties convened an expert panel of physicians familiar with the services to review the survey data.
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Work RVU Recommendations

The expert panel recommends maintaining current values for all three codes in the family.

Pre, Intra, and Post Service Times
The panel recommends the median survey service period times for all three codes as summarized in the following table:

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Compelling Evidence
While our societies are not submitting compelling evidence arguments for an increase in value, we would point out the revolutionary changes in MR technology since this procedure was originally valued. Modern pulse sequences allow thinner slice profiles, leading to an increase in the number of images typically acquired. The thinner slice profile has led to the detection of subtle abnormalities not visible with older techniques. This includes detection of perineural inflammation, perineural tumor spread, tumor cellularity and vascularity, as well as intracranial extension via skull base foramen.

Codes 70540, 70542, and 70543 are invaluable tools in investigating a diverse set of pathologies, which range from minor to life threatening. They are pivotal tools in investigating neck pain, swelling, masses, dysphagia/odynophagia, orbital pathologies as well as the location/type/extent of a known infectious/inflammatory/neoplastic process involving the orbit/face/neck. Not only is a positive result significant, a negative result is also pertinent in patient management, in relieving patient anxiety, and in providing assurance to ordering physicians. They are technically challenging examinations to interpret. Subtle findings, combined with motion artifact created by swallowing or respiration, require meticulous attention to detail in order to provide proper interpretation. Each MR pulse sequence is interpreted in conjunction with the other sequences, as the differential diagnosis will drastically change depending on how pathology looks on each sequence (no one sequence is diagnostic in isolation). A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training necessary to accurately interpret led us to believe that this procedure is appropriately valued as above.

Comparison to other RUC reviewed MR codes

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70540	**MRI orbit, face, and/or neck w/o cont**	**1.35**	**5**	**19**	**5**	**29**	**0.059**
70551	MRI brain w/o cont	1.48	5	18	5	28	0.070
72141	MRI spine w/o cont; cervical	1.48	5	20	5	30	0.063
72146	MRI spine w/o cont; thoracic	1.48	5	20	5	30	0.063
72148	MRI spine w/o cont; lumbar	1.48	5	20	5	30	0.063
70542	**MRI orbit, face and/or neck w cont**	**1.62**	**5**	**20**	**5**	**30**	**0.070**
70552	MRI brain w cont	1.78	5	20	7	32	0.076
72142	MRI spine w cont; cervical	1.78	5	23	5	33	0.068
72147	MRI spine w cont; thoracic	1.78	5	23	5	33	0.068
72149	MRI spine w cont; lumbar	1.78	5	23	5	33	0.068
70543	**MRI orbit,face, and/or neck w/o & w cont**	**2.15**	**5**	**25**	**5**	**35**	**0.077**
70553	MRI brain w/o & w cont	2.29	5	25	7	37	0.081
72156	MRI spine w/o & w cont; cervical	2.29	5	25	5	35	0.083
72157	MRI spine w/o & w cont ; thoracic	2.29	5	25	5	35	0.083
72158	MRI spine w/o & w cont ; lumbar	2.29	5	25	5	35	0.083

Code Specific Comments

Summary of Recommendation for CPT Code 70542 ***(Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material)***
Our expert panel recommends maintaining the current value of 70542 at 1.62 RVU with median service period times of 5, 20, and 5 minutes. Our RVU recommendation is less than the survey 25th percentile, supporting maintaining current value.

Key Reference Service (KRS) for 70542
Our recommendation compares favorably to the most commonly chosen KRS, 70552 *(Magnetic resonance (eg, proton) imaging, brain (including brainstem); with contrast material)*. Our recommended RVU of 1.62 is 0.16 RVU less than 70552. The pre and intra times are identical between 70542 and 70552. Both 70552 and 70542 have a similar number and type of MRI pulse sequences to review. Intensity and complexity measures were generally higher for 70542, likely reflecting the more diverse disease processes to consider when reviewing images which often include unrelated anatomic regions such as the orbits, face, and upper neck. In comparison, MRI brain with contrast (70552) mainly revolves around disease processes related to the brain. The total time differences between 70542 and 70552 were solely based on the less intense post service time period, which is more than balanced by the differences in wRVU.

Finally, the societies are aware that the recommended total time for 70542 is less than the current total time in the RUC database from 2001. The total time differences were not the result of any reduction in the most intense service period (intra-service), but a reduction in the less intense service periods of pre- and post-service time. In fact, the most intense service period (intra-service time) increased in time according to our survey respondents. The increase in intra-service time likely reflects the increased resolution of MRI technology coupled with the advances in pulse sequences leading to an expansion of sensitivity and specificity of this modality, especially after contrast administration.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70542 ***current***	**MRI orbit, face and/or neck w**	*1.62*	*8*	*15*	*10*	*33*	*0.081*

70542 ***survey***	**cont**	**1.62**	**5**	**20**	**5**	**30**	**0.070**
70552	MRI brain w cont	1.78	5	20	7	32	0.076

MPC Code for 70542

Our recommendation compares favorably to the MPC code, 93351 *(Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional)*, demonstrating a nearly identical intra-service time and IWPUT. A proportionally lower wRVU is recommended for 70542 compared to 93351 given the differences in total time, which happen to be based solely on the differences in the less intense post-service period.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70542	**MRI orbit, face and/or neck w cont**	**1.62**	**5**	**20**	**5**	**29**	**0.070**
93351	Stress TTE complete	1.75	5	20	10	35	0.071

Summary

Our expert panel recommends maintaining the current value of 70542 at 1.62 RVU with median service period times of 5, 20, and 5 minutes. We believe this compares favorably with the key reference service, 70552, and MPC code, 93351. Relativity is also appropriate across the 3 codes for MR of the orbit/face/neck as well as across the larger family of MR codes.

Summary Table

CPT Code	Short Descriptor	Proposed RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70540	MRI orbit, face, and/or neck w/o cont	1.35	5	19	5	29	0.059
70542	MRI orbit, face, and/or neck w cont	1.62	5	20	5	30	0.070
70543	MRI orbit, face, and/or neck w/o & w cont	2.15	5	25	5	35	0.077

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70542

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3519
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 70542 provided nationally in a one-year period is estimated to be 3,519.

Specialty Diagnostic Radiology Frequency 3245 Percentage 92.21 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,173
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 70542 was billed approximately 1,173 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 1082 Percentage 92.24 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: Brain/Head/Neck

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70542

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70543 Tracking Number Original Specialty Recommended RVU: **2.15**
Presented Recommended RVU: **2.15**
Global Period: XXX RUC Recommended RVU: **2.15**

CPT Descriptor: Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An older patient with biopsy proven carcinoma of a palpable nodal neck mass. MRI Neck without and with IV contrast ordered for primary cancer localization and staging.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 8%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 6%

Description of Pre-Service Work: Review the request for appropriateness, and review the clinical history as well as any prior applicable studies. Confirm that there is no contraindication for an MRI. The physician reviews laboratory studies to assess renal function (and requests a renal consult, if necessary) and also reviews the medical record for allergy history, absence of contraindications to contrast injection, and factors predisposing the patient to nephrogenic systemic fibrosis. The physician adjusts the contrast product and amount to be injected. The physician discusses the nature and risks of contrast reaction to the patient and obtains informed consent where applicable. The physician supervises the IV placement and communicates the protocol to the technologist.

Description of Intra-Service Work: Supervise gadolinium contrast injection, monitoring for contrast reaction and extravasation, and interpret the images. Review contrast-phase MR images and consider obtaining delayed-phase MR images. Interpret triplanar precontrast images of the neck.
Interpret the images and evaluate the parotid glands, submandibular glands, thyroid gland, paranasal sinuses, orbits (globes, orbital fat, extraocular muscles, lacrimal glands, optic nerves), nasal cavity, nasopharynx, oropharynx, oral cavity, hypopharynx, and larynx. Evaluate parapharyngeal and carotid spaces, neck muscles, and lymph nodes. Evaluate cervical spine, facial bones, cranial nerves, and visualized brain/brainstem/cranial nerves. Interpret triplanar postcontrast images of the neck. Evaluate for etiologies of patient's symptoms such as swelling, mass, pain, difficulty swallowing, painful swallowing, and visual abnormalities. Count and measure masses and/or enlarged lymph nodes.

Compare the current imaging to all pertinent available prior studies. Dictate a report.

Description of Post-Service Work: The physician confirms lack of complication from contrast agent such as allergic reaction or extravasation of contrast. Review and sign the final report. Communicate the findings with the referring physician and/or patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Zeke Silva III, MD; Kurt Schoppe, MD; Greg Nicola, MD				
Specialty(s):	American College of Radiology, American Society of Neuroradiology				
CPT Code:	70543				
Sample Size:	1930	**Resp N:**	56	**Response:** 2.9 %	
Description of Sample:	ACR surveyed a random and targeted sample of 375 members per sample (total of 750). ASNR surveyed a random sample of 1,180 members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	5.00	34.00	**75.00**	150.00	500.00
Survey RVW:	1.75	2.28	**2.35**	2.50	5.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	15.00	**25.00**	30.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70543	**Recommended Physician Work RVU: 2.15**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70553	XXX	2.29	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72156	XXX	2.29	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99284	XXX	2.56	**RUC Time**	5,784,902

CPT Descriptor 1 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician physicians, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 42.8 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 19.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 70543	Top Key Reference CPT Code: 70553	2nd Key Reference CPT Code: 72156
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	25.00	25.00	25.00
Median Immediate Post-service Time	5.00	7.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**35.00**	**37.00**	**35.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.88	1.18
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.63	0.82
Urgency of medical decision making	0.17	0.73
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.79	0.91

Physical effort required	0.38	0.45

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.50	0.82
Outcome depends on the skill and judgment of physician	0.63	1.09
Estimated risk of malpractice suit with poor outcome	0.67	0.91

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	1.04	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

General Comments

Background

CPT Code 70543 *(Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences)* was among the codes identified by CMS in the CY2016 NPRM, Table 8 - high expenditure by specialty screen.

The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) surveyed the expanded family to include CPT codes 70540 (*Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material)* and 70542 *(Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s))*. The specialties convened an expert panel of physicians familiar with the services to review the survey data.

The service period times for 70540 have a CMS/Other source in the RUC database, while 70542 and 70543 have previously been reviewed by the RUC.

The three codes and their existing values are as follows:

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT	RUC Meeting
70540	MRI orbit, face, and/or neck w/o cont	1.35				28		CMS/Other
70542	MRI orbit, face and/or neck w cont	1.62	8	15	10	33	0.081	Apr 2000
70543	MRI orbit, face and/or neck w/o & w cont	2.15	8	15	10	33	0.117	Apr 2000

Work RVU Recommendations
The expert panel recommends maintaining current values for all three codes in the family.

Pre, Intra, and Post Service Times
The panel recommends the median survey service period times for all three codes as summarized in the following table:

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70540	MRI orbit, face, and/or neck w/o cont	1.35	5	19	5	29	0.059
70542	MRI orbit, face and/or neck w cont	1.62	5	20	5	30	0.070
70543	**MRI orbit, face and/or neck w/o & w cont**	**2.15**	**5**	**25**	**5**	**35**	**0.077**

Compelling Evidence
While our societies are not submitting compelling evidence arguments for an increase in value, we would point out the revolutionary changes in MR technology since this procedure was originally valued. Modern pulse sequences allow thinner slice profiles, leading to an increase in the number of images typically acquired. The thinner slice profile has led to the detection of subtle abnormalities not visible with older techniques. This includes detection of perineural inflammation, perineural tumor spread, tumor cellularity and vascularity, as well as intracranial extension via skull base foramen.

Codes 70540, 70542, and 70543 are invaluable tools in investigating a diverse set of pathologies, which range from minor to life threatening. They are pivotal tools in investigating neck pain, swelling, masses, dysphagia/odynophagia, orbital pathologies as well as the location/type/extent of a known infectious/inflammatory/neoplastic process involving the orbit/face/neck. Not only is a positive result significant, a negative result is also pertinent in patient management, in relieving patient anxiety, and in providing assurance to ordering physicians. They are technically challenging examinations to interpret. Subtle findings, combined with motion artifact created by swallowing or respiration, require meticulous attention to detail in order to provide proper interpretation. Each MR pulse sequence is interpreted in conjunction with the other sequences, as the differential diagnosis will drastically change depending on how pathology looks on each sequence (no one sequence is diagnostic in isolation). A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training necessary to accurately interpret led us to believe that this procedure is appropriately valued as above.

Comparison to other RUC reviewed MR codes

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70540	**MRI orbit, face, and/or neck w/o cont**	**1.35**	**5**	**19**	**5**	**29**	**0.059**
70551	MRI brain w/o cont	1.48	5	18	5	28	0.070
72141	MRI spine w/o cont; cervical	1.48	5	20	5	30	0.063
72146	MRI spine w/o cont; thoracic	1.48	5	20	5	30	0.063
72148	MRI spine w/o cont; lumbar	1.48	5	20	5	30	0.063
70542	**MRI orbit, face and/or neck w cont**	**1.62**	**5**	**20**	**5**	**30**	**0.070**
70552	MRI brain w cont	1.78	5	20	7	32	0.076
72142	MRI spine w cont; cervical	1.78	5	23	5	33	0.068
72147	MRI spine w cont; thoracic	1.78	5	23	5	33	0.068
72149	MRI spine w cont; lumbar	1.78	5	23	5	33	0.068
70543	**MRI orbit,face, and/or neck w/o & w cont**	**2.15**	**5**	**25**	**5**	**35**	**0.077**
70553	MRI brain w/o & w cont	2.29	5	25	7	37	0.081
72156	MRI spine w/o & w cont; cervical	2.29	5	25	5	35	0.083
72157	MRI spine w/o & w cont ; thoracic	2.29	5	25	5	35	0.083
72158	MRI spine w/o & w cont ; lumbar	2.29	5	25	5	35	0.083

Code Specific Comments

Summary of Recommendation for CPT Code 70543 ***(Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material followed by contrast material)***
Our expert panel recommends maintaining the current value of 70543 at 2.15 RVUs with median service period times of 5, 25, and 5 minutes. Our RVU recommendation is less than the survey 25th percentile, supporting maintaining current value.

Key Reference Service (KRS) for 70543
Our recommendation compares favorably to the most commonly chosen KRS, 70553 *(Magnetic resonance (eg, proton) imaging, brain (including brainstem); without contrast material followed by contrast material)*. Our recommended RVU of 2.15 is 0.14 RVU less than 70553. The pre and intra times are identical between 70543 and 70553. Intensity and complexity measures were generally higher for 70543, likely reflecting the more diverse disease processes to consider when reviewing images, which often include unrelated anatomic regions such as the orbits, face, and upper neck. In comparison, MRI brain without and with contrast (70553) mainly revolves around disease processes related to the brain. The total time differences between 70543 and 70553 were solely based on the less intense post service time period, which is more than balanced by the differences in wRVU.

Finally, the societies are aware that the recommended total time for 70543 is less than the current total time in the RUC database from 2000. The total time differences were not the result of any reduction in the most intense service period (intra-service), but a reduction in the less intense service periods of pre- and post-service time. In fact, the most intense service period (intra-service time) increased in time according to our survey respondents. The increase in intra-service time likely reflects the increased resolution of MRI technology coupled with the advances in pulse sequences leading to an expansion of sensitivity and specificity of this modality especially after contrast administration.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70543 ***current***	**MRI orbit, face and/or neck w/o & w cont**	*2.15*	*8*	*15*	*10*	*33*	*0.116*

70543 ***survey***		**2.15**	**5**	**25**	**5**	**35**	**0.077**
70552	MRI brain w& w/o cont	2.29	5	25	7	37	0.081

MPC Code for 70543

Our recommendation compares favorably to the MPC code, 99284 *Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician physicians, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.),* demonstrating similar intra-service time, but with a proportional decrease in wRVU for the differences in site of service (70543 outpatient vs 99284 ER) and differences in total time. The IWPUT is also appropriately lower for 70543 given the differences in site of service and post service time.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70543	**MRI orbit, face and/or neck w/o & w cont**	**2.15**	**5**	**25**	**5**	**35**	**0.077**
99284	Emergency dept visit	2.56	5	25	10	40	0.089

Summary

Our expert panel recommends maintaining the current value of 70543 at 2.15 RVU with median service period times of 5, 25, and 5 minutes. We believe this compares favorably with the key reference service, 70553, and MPC code, 99284. Relativity is also appropriate across the 3 codes for MR of the orbit/face/neck as well as across the larger family of MR codes.

Summary Table

CPT Code	Short Descriptor	Proposed RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70540	MRI orbit, face, and/or neck w/o cont	1.35	5	19	5	29	0.059
70542	MRI orbit, face, and/or neck w cont	1.62	5	20	5	30	0.070
70543	MRI orbit, face, and/or neck w/o & w cont	2.15	5	25	5	35	0.077

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70543

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 153960
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 70543 provided nationally in a one-year period is estimated to be 153,960.

Specialty Diagnostic Radiology Frequency 137518 Percentage 89.32 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 51,320 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2014 Medicare data estimates that CPT code 70543 was billed approximately 51,320 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 45839 Percentage 89.31 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
MRI/MRA: Brain/Head/Neck

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70543

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: MRI Face and Neck (70540, 70542, 70543)

TAB: 39

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	17	0.070			1.48			28	5					18			5					
2nd REF	72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	6	0.063			1.48			30	5					20			5					
2nd REF	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	6	0.081			2.29			37	5					25			7					
CMS/Other	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		#DIV/0!			1.35			28														
SVY	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	56	0.084	1.20	1.55	1.82	2.29	3.00	29	5			3	13	19	20	35	5	2	15	35	70	300
REC	70540			0.059			1.35			29	5					19			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	15	0.076			1.78			32	5					20			7					
2nd REF	72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	7	0.068			1.78			33	5					23			5					
2nd REF	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further	7	0.081			2.29			37	5					25			7					
Apr-00	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)		0.081			1.62			33	8					15			10					
SVY	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	56	0.089	1.50	1.80	2.00	2.33	3.00	30	5			3	14	20	25	45	5	0	8	20	50	250
REC	70542			0.070			1.62			30	5					20			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	24	0.081			2.29			37	5					25			7					
2nd REF	72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	11	0.083			2.29			35	5					25			5					
Apr-00	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences		0.116			2.15			33	8					15			10					
SVY	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	56	0.085	1.75	2.28	2.35	2.50	5.50	35	5			3	15	25	30	60	5	5	34	75	150	500
REC	70543			0.077			2.15			35	5					25			5					

39
Tab Number

MRI Face & Neck
Issue

70540, 70542, 70543
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



_____
Signature

Josh Hirsch, MD
_____
Printed Signature

American Society of Neuroradiology (ASNR)
_____
Specialty Society

12/15/15
_____
Date

39
Tab Number

MRI Face & Neck
Issue

70540, 70542, 70543
Code Range

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Signature

Greg Nicola, MD

Printed Signature

American Society of Neuroradiology (ASNR)

Specialty Society

12/15/15

Date

14
15
20
38
39
47
Tab Number

Dialysis Circuit
Open and Percutaneous Transluminal Angioplasty
Mammography-Computer Aided Detection Bundling
Intracranial Endovascular Intervention
MRI Face
Non-invasive Physiologic Studies of Extremity Veins
Issue

369X1-369X9
372X1-372X4
770X1-770X3
61640-61642
70540, 70542-70543
93965
Code Range

Attestation Statement

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Signature

Kurt A. Schoppe, MD
Printed Signature

American College of Radiology
Specialty Society

December 15, 2015
Date

14
15
20
38
39
47
Tab Number

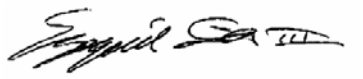
Dialysis Circuit
Open and Percutaneous Transluminal Angioplasty
Mammography-Computer Aided Detection Bundling
Intracranial Endovascular Intervention
MRI Face
Non-invasive Physiologic Studies of Extremity Veins
Issue

369X1-369X9
372X1-372X4
770X1-770X3
61640-61642
70540, 70542, 70543
93965
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

Ezequiel Silva III, MD, FACR
Printed Signature

American College of Radiology
Specialty Society

December 15, 2015
Date

CPT Code: 70540, 70542, 70543
Specialty Societies: ACR, ASNR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences

Global Period: XXX Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology (ACR) and the American Society of Neuroradiology (ASNR) convened a consensus panel to finalize the practice expense data for MRI face and/or neck codes 70540, 70542, and 70543.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The societies included the existing PE inputs for codes 70540, 70542, and 70543 on the spreadsheet to serve as a reference. We also included MRI brain codes from the January 2013 RUC which are clinically similar to the surveyed MRI face/neck code family.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

- **Prepare room, equipment, supplies –** The specialties are recommending an increase in time since MR involves strong magnetic fields and ensuring patient safety is important. More specifically, all objects in the room must be MRI compatible. MR exams involve the use of MR coils which vary based on the body part studied and are specifically selected to fit the patient. These coils must be prepared for the intended exam, positioned, and attached to the MR unit. In addition, the examinations involving the use of contrast require setup of the injector apparatus and preparation of the contrast material.
- **Prepare and position patient/ monitor patient/ set up IV** – The specialties are recommending an increase in time to allow for positioning the patient to ensure they are comfortable during the lengthy procedure since motion artifact can degrade the quality of the exam. Pillows are typically positioned under the patient's knees to relieve stress off the back during the long image acquisition period. The patient's face, orbits, and/or neck must be properly placed into the coils. If contrast is being administered, any IV lines must be secured to prevent disengagement. The technologist must confirm the patient has no MR incompatible internal devices (such as metal in or on clothing), personal possessions and even superficial tattoos. These may be dangerous or cause artifacts while the patient is in or around the MRI magnet.

- **Technologist QC's images in PACS, checking for all images, reformats, and dose page**- CMS [2016 MPFS Final Rule] and the RUC [2016 MPFS Final Rule Comment Letter] has acknowledged that this activity may vary based on the complexity of the exam. Thus, no standard exists for this activity. The specialties do acknowledge that our recommendation is an increase over codes reviewed before the 2016 MPFS. The specialties believe that face MR is at the higher end of complexity for radiology services since face MR involves hundreds of images in multiple planes. Interpretation of MRI findings typically requires comparison of multiple sequences. Incomplete, poor quality, or missing sequences can lead to an inconclusive exam. The number of images and importance of QC warrant the four minutes recommended.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Clinical Staff Time:

- **Obtain vital signs** – clinically necessary for 70542 and 70543.
- **Availability of prior images confirmed**- For this code family, CMS proposed a standard of 2 minutes as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2016 MPFS Final Rule.
- **Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist**- For this code family, CMS proposed a standard of 2 minutes as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2016 MPFS Final Rule.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose page**- Face The specialties believe that face MR is at the higher end of complexity for radiology services since face MR involves hundreds of images in multiple planes. Interpretation of MRI findings typically requires comparison of multiple sequences. Incomplete, poor quality, or missing sequences can lead to an inconclusive exam. The number of images and importance of QC warrant the four minutes recommended.
- **Review examination with interpreting MD**- For this code family, CMS proposed a standard of 2 minutes as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2016 MPFS Final Rule.
- **Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue**- For this code family, CMS proposed a standard of 2 minutes as per Table 5 "Clinical Labor Tasks Associated With Digital Technology" in the CY 2016 MPFS Final Rule.

Supplies:

- **Gloves, non-sterile -** a pair of non-sterile gloves is clinically necessary for 70540. Head and neck cancer patients can often have oral or laryngeal dysfunction and the tech may have to assist with secretions.
- **Gown, patient –** a patient gown is clinically necessary for 70540.
- **Paper, exam table –** exam table paper is clinically necessary for 70540

Equipment:

- **Professional PACS workstation** – in the CY 2016 MPFS Final Rule, CMS acknowledges that the costs of the professional workstation may be analogous to costs previously incorporated as direct PE inputs. The specialties are recommending that this equipment time equal the sum of the physician work pre-service time and intra-service time.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Availability of prior images confirmed
- Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Obtain vital signs
- Provide pre-service education/obtain consent
- Prepare room, equipment, supplies
- Prepare and position patient/ monitor patient/ set up IV
- Acquire images
- Clean room/equipment by physician staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD
- Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue

Post-Service Clinical Labor Activities:

	A	B	C	D	E	G	I	J	L	N	O	Q
1	**REVISED AT RUC 1/13/16**			**REFERENCE CODE**	**REFERENCE CODE**		**REFERENCE CODE**	**REFERENCE CODE**		**REFERENCE CODE**	**REFERENCE CODE**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**70551**	**70540**	**70540**	**70552**	**70542**	**70542**	**70553**	**70543**	**70543**
3	**Meeting Date: January 2016** **Tab: 39 - MR Face & Neck** **Specialty: ACR & ASNR**	**CMS Code**	**Staff Type**	**Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material** **(January 2013 RUC/ CMS Refined)**	**Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)** **(January 2002 PEAC)**	**Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)** **(January 2016 RUC)**	**Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)** **(January 2013 RUC/ CMS Refined)**	**Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)** **(August 2003 PEAC)**	**Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)** **(January 2016 RUC)**	**Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences** **(January 2013 RUC/ CMS Refined)**	**Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences** **(August 2003 PEAC)**	**Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences** **(January 2016 RUC)**
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L047A**	**MRI Tech**	**55.0**	**76.0**	**62.0**	**76.0**	**78.0**	**71.0**	**89.0**	**95.0**	**86.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L047A**	**MRI Tech**	**3.0**	**8.0**	**4.0**	**5.0**	**8.0**	**4.0**	**8.0**	**8.0**	**4.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L047A**	**MRI Tech**	**52.0**	**68.0**	**58.0**	**71.0**	**70.0**	**67.0**	**81.0**	**87.0**	**82.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L047A**	**MRI Tech**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**											
11	**Start: Following visit when decision for surgery or procedure made**											
12	Complete pre-service diagnostic & referral forms											
13	Coordinate pre-surgery services											
14	Schedule space and equipment in facility											
15	Provide pre-service education/obtain consent											
16	Follow-up phone calls & prescriptions											
17	Availability of prior images confirmed	**L047A**	**MRI Tech**			**2**			**2**			**2**
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	**L047A**	**MRI Tech**			**2**			**2**			**2**
19	Other Clinical Activity (please specify) *Retrieve prior appropriate imaging exams and hang for MD review. Verify orders, review the chart, verify physician order including clinical information.*	**L047A**	**MRI Tech**	**3**	**8**		**5**	**8**		**8**	**8**	
20	**End: When patient enters office/facility for surgery/procedure**											
21	**SERVICE PERIOD**											
22	**Start: When patient enters office/facility for surgery/procedure:**											
23	Greet patient, provide gowning, ensure appropriate medical records are available	**L047A**	**MRI Tech**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
24	Obtain vital signs						**3**		**3**	**3**		**3**
25	Provide pre-service education/obtain consent	**L047A**	**MRI Tech**	**7**	**7**	**7**	**9**	**9**	**9**	**9**	**9**	**9**
26	Prepare room, equipment, supplies	**L047A**	**MRI Tech**	**5**	**5**	**5**	**7**	**7**	**7**	**7**	**7**	**7**
27	Setup scope (non facility setting only)											
28	Prepare and position patient/ monitor patient/ set up IV	**L047A**	**MRI Tech**	**3**	**3**	**3**	**5**	**5**	**5**	**5**	**5**	**5**
29	Sedate/apply anesthesia											
30	Other Clinical Activity - specify:											
31	**Intra-service**											
32	Acquire images	**L047A**	**MRI Tech**	**20**	**30**	**30**	**30**	**30**	**30**	**38**	**45**	**45**
33	**Post-Service**											
34	Monitor pt. following moderate sedation											
35	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)											
36	Clean room/equipment by physician staff	**L047A**	**MRI Tech**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
37	Clean Scope											
38	Clean Surgical Instrument Package											
39	Complete diagnostic forms, lab & X-ray requisitions											
40	Review/read X-ray, lab, and pathology reports											
41	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions											
42	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L047A**	**MRI Tech**			4			4			4
43	Review examination with interpreting MD	**L047A**	**MRI Tech**			**2**			**2**			**2**
44	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	**L047A**	**MRI Tech**			**1**			**1**			**1**
45	Other Clinical Activity (please specify)											
46	*Photography/image processing/film hanging with comparisons*	**L047A**	**MRI Tech**	**11**	**15**		**11**	**11**		**13**	**13**	
47	*Escort patient from exam room due to magnetic sensitivity*	**L047A**	**MRI Tech**		**2**			**2**			**2**	
48	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
49	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
50	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
51	**End: Patient leaves office**											
52	**POST-SERVICE Period**											
53	**Start: Patient leaves office/facility**											
54	Conduct phone calls/call in prescriptions											
55	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**		**# visits**	**# visits**
56	99211 16 minutes		16									
57	99212 27 minutes		27									
58	99213 36 minutes		36									
59	99214 53 minutes		53									
60	99215 63 minutes		63									
61	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**
62	Other Clinical Activity - *specify:*											
63	**End: with last office visit before end of global period**											
64	**MEDICAL SUPPLIES***	**CODE**	**UNIT**									
65	kit, iv starter	SA019	kit				**1**	**1**	**1**	**1**	**1**	**1**
66	1 pair gloves											
67	1 tourniquet											
68	1 alcohol prep pad											
69	1 PVP ointment											
70	1 PVP prep pad											
71	1 bandage (1"x3")											
72	2 gauze sponges (2"x2")											
73	1 underpad 2ft x 3ft (Chux)											
74	1 sm roll surgical tape											
75	drape, non-sterile, sheet 40in x 60in	SB006	item				**1**	**1**	**1**	**1**	**1**	**1**
76	gloves, non-sterile	SB022	pair			**1**	**1**	**1**	**1**	**1**	**1**	**1**
77	gown, patient	SB026	item	**1**		**1**	**1**	**1**	**1**	**1**	**1**	**1**
78	paper, exam table	SB036	foot	**7**		**7**	**7**	**7**	**7**	**7**	**7**	**7**
79	angiocatheter 14g-24g	SC001	item				**1**	**1**	**1**	**1**	**1**	**1**
80	heparin lock	SC012	item				**1**	**1**	**1**	**1**	**1**	**1**
81	iv tubing (extension)	SC019	foot				**1**	**1**	**1**	**1**	**1**	**1**
82	needle, 18-27g	SC029	item				**1**	**1**	**1**	**1**	**2**	1
83	syringe 20ml	SC053	item				**1**	**1**	**1**	**1**	**1**	**1**
84	bandage, strip 0.75in x 3in (Bandaid)	SG021	item				**1**	**1**	**1**	**1**	**1**	**1**
85	gauze, sterile 2in x 2in	SG053	item					**1**			**1**	
86	tape, surgical paper 1in (Micropore)	SG079	inch					**6**			**6**	
87	sodium chloride 0.9% inj bacteriostatic (30ml uou)	SH068	item				**1**	**1**	**1**	**1**	**1**	**1**
88	earplugs	SJ018	pair	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
89	povidone swabsticks (3 pack uou)	SJ043	item					**1**			**1**	
90	swab-pad, alcohol	SJ053	item					**1**			**1**	
91	**EQUIPMENT**	**CODE**										
92	room, MR	EL008		**31**	**68**	**45**	**45**	**70**	**49**	**53**	**87**	**64**
93	PACS Workstation Proxy	ED050		**52**	**68**	**58**	**69**	**70**	**67**	**79**	**87**	**82**
94	**Professional PACS Workstation**	**NEW**				24			25			30

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Radiation Treatment Devices

In the Final Rule for 2016 CMS re-ran the screen for 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 services represent an increment of complexity from the simple to the intermediate to the complex. CPT codes 77333 (intermediate) and 77334 (complex) both include 5 minutes of post-service time. During the post-service time the physician reviews a treatment device checklist that encompasses components to review the accuracy of the indexed coordinates of the treatment device, the accuracy of the treatment device descriptions, proper written documentation of the treatment device construction, proper photographic depiction of the treatment device construction, as well as cross referencing the pictures to the written coordinates and instructions for reproducibility. CPT code 77332 for the simple treatment device includes 3 minutes of post-service time because the checklist is slightly less involved. The work involved with these services describes the physician work associated with the fabrication of the device specifically designed for an individual patient's treatment course. The use of an immobilization device is determined by the clinical judgment of the radiation oncologist based on the clinical circumstances, patient anatomy and disease state. The purpose of the device, the risks involved by its use or non-use, and the complexity of its design determine the complexity level.

77332 ***Treatment devices, design and construction; simple (simple block, simple bolus)***
The RUC reviewed the survey results from 122 radiation oncologists and recommends the following physician time components: pre-service time of 0 minutes, intra-service time of 15 minutes and immediate post-service time of 3 minutes.

For a prostate patient as described by the vignette, the patient is set up on a low attenuating index board. Both arms are positioned across the chest, and the head positioned in a headrest. The treatment device (i.e. knee/foot immobilizer system) is positioned on the rigid fixation device. The patient's legs are then placed into the device. The position, angle, and indexing of the knee/foot immobilizer system is adjusted to correct for the pelvic tilt, rotations, alignment and patient tolerance and musculoskeletal limitations. Once a satisfactory position is obtained, the treatment device is locked into position. The physician assesses stability, potential daily reproducibility and obstructions which could interfere with the delivery of radiation. The physician then directs the measurements from reproducible reference points on the patient's anatomy relative to the immobilization device as well as

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device location markers to assure the treatment device can be accurately reproduced with the patient in the same set up position within the device. Localization photographs are taken and approved by the physician. The radiation therapist is assisting the physician for 75% of the intra-service time.

The RUC reviewed the survey respondents' work values and agreed that the specialties recommendation to maintain the work value (work RVU= 0.54) below the survey 25th percentile is appropriate for this service. The RUC noted that it is not appropriate to compare the surveyed time to the current CMS/Other source time, which represents time, not derived from a survey, but assigned by CMS over 20 years ago. The RUC compared this service to key reference service CPT code 77280, *Therapeutic radiology simulation-aided field setting; simple* (work RVU = 0.70, intra time of 25 minutes) and noted that the reference code has more intra-service and total time compared to the surveyed code, justifying the greater work value. For additional support the RUC compared 77332 to 77300 *Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician* (work RVU = 0.62, intra-service time of 15 minutes) and noted that the reference code has identical intra-service time and is more intense to perform, justifying the greater work value. **The RUC recommends a work RVU of 0.54 for CPT code 77332.**

77333 ***Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)***
The RUC reviewed the survey results from 120 radiation oncologists and recommends the following physician time components: pre-service time of 0 minutes, intra-service time of 20 minutes and immediate post-service time of 5 minutes.

For a breast patient post mastectomy as described by the vignette, the patient is set up based on clinical circumstances, patient anatomy, disease state and physical limitations of the patient. The physician chooses bolus of the appropriate material and thickness. The thickness of bolus applied is dependent on the skin dose required and the angle of incidence of the treatment beams. Different thicknesses of bolus are used to increase dose homogeneity and modify surface dose deposition patterns. Bolus is also used to correct surgical deficits and create tissue equivalents. The physician verifies that the bolus has been heated/cut appropriately and the thickness is as prescribed. The physician shapes the bolus on the patient's chest wall with respect to the medial/lateral/cranial and caudal borders. Additional thickness of bolus is applied by the physician as necessary to modify the surface dose or adjust for post-surgery contour changes. The physician assesses stability and the potential daily reproducibility. He/she marks the bolus and the skin to ensure reproducibility. The physician directs the measurements from reproducible reference points on the patient's anatomy relative to the immobilization device to assist with daily accurate placement and reproducibility of the patient setup in the device. Localization photographs are taken and approved by the physician. The radiation therapist is assisting the physician for 75% of the intra-service time.

The RUC reviewed the survey respondents' estimated work values and agreed that the specialties recommendation to maintain the work value (work RVU= 0.84) below the survey 25th percentile is appropriate for this service. The RUC noted that it is not appropriate to compare the surveyed time to the current time CMS/Other source time, which represents time, not derived from a survey, but assigned by CMS over 20 years ago. The RUC compared the service to key reference service CPT code 77285, *Therapeutic radiology simulation-aided field setting; intermediate* (work RVU = 1.05, intra time of 40 minutes) and noted that the reference code has more intra-service and total time compared to the surveyed

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code, justifying the greater work value. For additional support the RUC compared 77332 to 77331 *Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician* (work RVU = 0.87, intra-service time of 30 minutes) and noted that the reference code has more intra-service time, justifying the greater work value. **The RUC recommends a work RVU of 0.84 for CPT code 77333.**

77334 ***Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)***
The RUC reviewed the survey results from 131 radiation oncologists and recommends the following physician time components: pre-service time of 0 minutes, intra-service time of 30 minutes and immediate post-service time of 5 minutes.

When CPT code 77334 is used for an immobilization device, it can only be reported once per course of treatment. Other types of treatment devices, for example, beam aperture shaping, may be used and reported. However, no more than one beam aperture device per field or gantry angle may be reported. The RUC noted that this service is typically reported on the same day as a simulation CPT code 77290 *Therapeutic radiology simulation-aided field setting; complex*, which is a simulation code (reported once per course of treatment) and includes outlining all the field edges, determining the isocenter (of the treatment area), analyzing all the CT data sets, applying all the fields to the target areas and adjusting the isocenter, identifying/reviewing "the path of each field through the patient" and ensuring maximum normal tissue spare. The description of physician work for 77290 includes "The patient is positioned after selecting the appropriate breast board and arm position both ipsilateral and contralateral." That refers to the work of creating a treatment device, which is the step prior to the simulation day. The specialty noted and the RUC agreed that there is no duplication of tasks if these services are reported together. The RUC recommends no pre-service time to ensure that there is no duplication in work in pre time when/if these codes are reported together. The RUC recommends 5 minutes of physician post time for the physician to review and approve the device-indexing checklist and documentation to the patient's chart.

The RUC reviewed the survey respondents' work values and agreed that the specialty societies' recommendation to maintain the work value (work RVU= 1.24) below the survey 25th percentile is appropriate for this service. The RUC compared the service to key reference service CPT code 77290, *Therapeutic radiology simulation-aided field setting; complex* (work RVU = 1.56, intra time of 60 minutes) and noted that the reference code has more intra-service and total time compared to the surveyed code, justifying the greater work value. For additional support the RUC compared 77334 to 77306 *Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)* (work RVU = 1.40, intra-service time of 40 minutes) and noted that the reference code has more intra-service and total time compared to the surveyed code, justifying the greater work value. **The RUC recommends a work RVU of 1.24 for CPT code 77334.**

Practice Expense
The Practice Expense Subcommittee approved compelling evidence for the simple and intermediate codes to increase in clinical staff time, as well as new supplies and equipment. The RUC reviewed and approved the direct practice expense inputs as submitted by the specialty society and approved by the PE Subcommittee.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
77332 (f)	Treatment devices, design and construction; simple (simple block, simple bolus)	XXX	0.54 (No Change)
77333 (f)	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	XXX	0.84 (No Change)
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	XXX	1.24 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77332 Tracking Number Original Specialty Recommended RVU: **0.54**
Presented Recommended RVU: **0.54**
Global Period: XXX RUC Recommended RVU: **0.54**

CPT Descriptor: Treatment devices, design and construction; simple (simple block, simple bolus)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 74-year-old male presenting with prostate cancer will be treated with radiotherapy with the use of simple treatment device.

Percentage of Survey Respondents who found Vignette to be Typical: 58%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The physician determines the type of device(s) to be used. The patient is set up based on clinical circumstances, patient anatomy, disease state and physical limitations of the patient.

The patient is set up on a low attenuating index board. Both arms are positioned across the chest, and the head positioned in a headrest. The treatment device (i.e. knee/foot immobilizer system) is positioned on the rigid fixation device. The patient's legs are then placed into the device. The position, angle, and indexing of the knee/foot immobilizer system is adjusted to correct for the pelvic tilt, rotations, alignment and patient tolerance and musculoskeletal limitations. Once a satisfactory position is obtained, the treatment device is locked into position.

The physician assesses stability, potential daily reproducibility and obstructions which could interfere with the delivery of radiation.

The physician then directs the measurements from reproducible reference points on the patient's anatomy relative to the immobilization device as well as device location markers to assure the treatment device can be accurately reproduced with the patient in the same set up position within the device. Localization photographs are taken and approved by the physician.

Description of Post-Service Work: The treatment device indexing checklist is reviewed and approved by the physician. The physician documents the patient chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Micheal Kuettel, MD, PhD, Peter Orio, DO, Gerald White, MS and Jim Goodwin, MS				
Specialty(s):	Radiation Oncology				
CPT Code:	77332				
Sample Size:	4411	**Resp N:**	122	**Response:** 2.7 %	
Description of Sample:	All US/MD physician members of ASTRO				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**50.00**	100.00	500.00
Survey RVW:	0.10	0.60	**0.70**	0.90	3.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	10.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77332	**Recommended Physician Work RVU: 0.54**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77280	XXX	0.70	**RUC Time**

CPT Descriptor Therapeutic radiology simulation-aided field setting; simple

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77300	XXX	0.62	**RUC Time**

CPT Descriptor Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99407	XXX	0.50	**RUC Time**	65,863

CPT Descriptor 1 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88112	XXX	0.56	**RUC Time**	979,809

CPT Descriptor 2 Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 41 **% of respondents:** 33.6 **%**

Number of respondents who choose 2nd Key Reference Code: 33 **% of respondents:** 27.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 77332	Top Key Reference CPT Code: 77280	2nd Key Reference CPT Code: **77300**
Median Pre-Service Time	0.00	7.00	0.00
Median Intra-Service Time	15.00	25.00	15.00
Median Immediate Post-service Time	3.00	5.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**18.00**	**37.00**	**15.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.12	0.30
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.29	0.27
Urgency of medical decision making	0.15	0.15
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.02	0.18
Physical effort required	0.02	0.36

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.15	0.15
Outcome depends on the skill and judgment of physician	0.34	0.42
Estimated risk of malpractice suit with poor outcome	0.29	0.24

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.08	0.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The RUC identified, as part of the CMS High Expenditure Procedures Screen, CPT 77334 (Treatment devices, design and construction; complex). CPT Codes 77332 and 77333 were identified as part of the family. The PC of these codes, describe the physician work associated with the fabrication of the device specifically designed for an individual patient's treatment course. The use of an immobilization device is determined by the clinical judgment of the radiation oncologist based on the clinical circumstances, patient anatomy and disease state. The purpose of the device, the risks involved by its use or non-use, and the complexity of its design determine the complexity level, and is coded with CPT codes 77332-77334.

The Research Subcommittee approved the vignettes for 77332-77334 with slight modifications.

ASTRO conducted a survey, with a 4411 sample size, and collected 122 random surveys (2.7% response rate). ASTRO convened a panel that included a number of experts familiar with this service to evaluate the RUC survey data. ASTRO recommends maintaining a current RVU of 0.54 for CPT 77332.

Our rationale for this recommendation is based on multiple factors described below.

Radiation Oncology Process of Care
Step 1 Consultation
Step 2 Clinical Treatment Planning
Step 3 Treatment Devices/Special Treatment Procedures
Step 4 Simulation
Step 5 Physics and Dosimetry
Step 6 Delivery and Management
Step 7 F/U Care

Billed Together

It is not uncommon for a physician to create a simple treatment device on the day radiation treatment begins. The current billed together data indicates that CPT Code 77418 is often reported with CPT Code 77332 (57%). The physician work for the simple treatment device includes selecting the device, placing the device, ensuring treatment device reproducibility, indexing, stability and setup documentation. The treatment device (77332) will be completed prior to initiating radiation treatment delivery, as it will be used to allow reproducibility throughout the course of treatment (billed once). CPT Code 77418 is a radiation treatment delivery code and does not have physician work. We are confident there is no duplication of tasks when these two services are reported together.

It is also not uncommon for a simple treatment device to be billed on the same day as a simulation code (i.e. 77280-77290). Although that scenario is not typical and did not appear in the billed together data, it could happen. Therefore we are recommending 0 minutes of pre time for the physician to review the patient's chart, prior imaging, laboratory tests and pertinent studies. We believe this is appropriate and will maintain rank order with our other recommendations for this tab. We are also recommending 3 minutes of physician post time for the physician to review and approve the device-indexing checklist and documentation to the patient's chart.

Vignette

The vignette is a 74-year-old male presenting with prostate cancer will be treated with radiotherapy with the use of simple treatment device. Prostate cancer is the top diagnosis for use of this code in both the facility and non-facility. 58% of our survey respondents felt the vignette was typical.

Time

CPT Code 77332 has an XXX global period, so there is no standard pre or post service package. We are recommending no pre time and we are recommending 3 minutes of post time. Our current surveyed total time was 25 minutes (5, 15, 5). ASTRO is recommending the median survey time for intra (15), which results in a total of 18 minutes. We note that our recommended time is lower than the existing time of 28 minutes. That 28 minutes is from the original fee schedule and flagged as CMS other. If you were to calculate the IWPUT for 28 minutes and 0.54 RVUs it would be 0.019, which is not a realistic IWPUT for this service. We would note that the surveyed time of 25 minutes did come in close to the existing time (28 minutes).

IWPUT

The surveyed code 77332 will have an IWPUT of 0.032. While this is a low IWPUT, the relationship within the family of codes maintains rank order, as well as with the 1st and 2nd reference codes.

CPT	IWPUT
77332	0.032
77333	0.036
77334	0.038

Comparison to the Key Reference Services

The key reference service code was CPT 77280, Therapeutic radiology simulation-aided field setting; simple. This key reference code was most often selected (33.6%) by the survey respondents. This code has a total time of 37 minute (7, 25, 5), an IWPUT of 0.017, and a wRVU of 0.70. The second key reference code 77300, Basic radiation dosimetry calculation was selected by 27%, with a total time of 15 minutes (0, 15, 0), an IWPUT of 0.41, and a wRVU of 0.62. Both codes have similarities, are well understood by membership. We believe that these two reference codes were an appropriate selection by our survey respondents and fits nicely with our survey data.

Relativity

Our recommendation will maintain relativity compared to the reference codes, the other two treatment device codes, and codes within the radiation oncology family. Simple Treatment Device design and construction has an

RVU of 0.54. Intermediate Treatment Device – design and construction has an RVU of 0.84. Complex Treatment Device – design and construction (with a wRVU of 1.24) takes into account the added complexity, time and effort, and correlates nicely with the other to treatment device codes.

Recommendation

We are recommending the current RVUw of 0.54, pre service: 0 minutes, median intra time of 15 minutes, and post service time of 3 minutes, for a total time of 18 minutes. The expert panel believes that our survey supports our recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. The current billed together data indiates that CPT Code 77418 is billed 57% of the time with CPT Code 77332. CPT Code 77418 is a treatment delivery code and does not have physician work.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77332

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 112,434 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 reported procedures in the 2014 RUC database

Specialty Radiation Oncology Frequency 84123 Percentage 74.81 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77332

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77333 Tracking Number

Original Specialty Recommended RVU: **0.84**
Presented Recommended RVU: **0.84**
RUC Recommended RVU: **0.84**

Global Period: XXX

CPT Descriptor:

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female presenting with breast cancer, initially treated with mastectomy, will be treated with post-operative radiation to the chest wall and regional lymph nodes. Fabrication of bolus material is required.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The physician determines the type of device(s) to be used. The patient is set up based on clinical circumstances, patient anatomy, disease state and physical limitations of the patient.

The physician chooses bolus of the appropriate material and thickness. The thickness of bolus applied is dependent on the skin dose required and the angle of incidence of the treatment beams. Different thicknesses of bolus are used to increase dose homogeneity and modify surface dose deposition patterns. Bolus is also used to correct surgical deficits and create tissue equivalents.

The physician verifies that the bolus has been heated/cut appropriately and the thickness is as prescribed. The physician shapes the bolus on the patient's chest wall with respect to the medial/lateral/cranial and caudal borders. Additional thickness of bolus is applied by the physician as necessary to modify the surface dose or adjust for post surgery contour changes.

The physician assesses stability and the potential daily reproducibility. He/she marks the bolus and the skin to ensure reproducibility.

The physician directs the measurements from reproducible reference points on the patient's anatomy relative to the immobilization device to assist with daily accurate placement and reproducibility of the patient setup in the device. Localization photographs are taken and approved by the physician.

Description of Post-Service Work: The treatment device indexing checklist is reviewed and approved by the physician. The physician documents the patient chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Micheal Kuettel, MD, PhD, Peter Orio, DO, Gerald White, MS and Jim Goodwin, MS				
Specialty(s):	Radiation Oncology				
CPT Code:	77333				
Sample Size:	4411	**Resp N:**	120	**Response:** 2.7 %	
Description of Sample:	All US/MD physician members of ASTRO				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	15.00	**30.00**	50.00	800.00
Survey RVW:	0.21	0.87	**1.00**	1.50	5.00
Pre-Service Evaluation Time:			**8.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	15.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77333	**Recommended Physician Work RVU: 0.84**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77285	XXX	1.05	**RUC Time**

CPT Descriptor Therapeutic radiology simulation-aided field setting; intermediate

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77331	XXX	0.87	**RUC Time**

CPT Descriptor Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95991	XXX	0.77	**RUC Time**	13,907

CPT Descriptor 1 Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95251	XXX	0.85	**RUC Time**	31,975

CPT Descriptor 2 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26 **% of respondents:** 21.6 **%**

Number of respondents who choose 2nd Key Reference Code: 22 **% of respondents:** 18.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 77333	Top Key Reference CPT Code: 77285	2nd Key Reference CPT Code: **77331**
Median Pre-Service Time	0.00	7.00	0.00
Median Intra-Service Time	20.00	40.00	30.00
Median Immediate Post-service Time	5.00	5.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**52.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.23	0.19
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.36	0.23
Urgency of medical decision making	0.14	0.27
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.23	0.15
Physical effort required	0.09	0.12

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.18	0.23
Outcome depends on the skill and judgment of physician	0.55	0.32
Estimated risk of malpractice suit with poor outcome	0.27	0.27

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.32	0.20

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The RUC identified, as part of the CMS High Expenditure Procedures Screen, CPT 77334 (Treatment devices, design and construction; complex). CPT Codes 77332 and 77333 were identified as part of the family. The PC of these codes, describe the physician work associated with the fabrication of the device specifically designed for an individual patient's treatment course. The use of an immobilization device is determined by the clinical judgment of the radiation oncologist based on the clinical circumstances, patient anatomy and disease state. The purpose of the device, the risks involved by its use or non-use, and the complexity of its design determine the complexity level, and is coded with CPT codes 77332-77334.

The Research Subcommittee approved the vignettes for 77332-77334 with slight modifications.

ASTRO conducted a survey, with a 4411 sample size, and collected 120 random surveys (2.7% response rate). ASTRO convened a panel that included a number of experts familiar with this service to evaluate the RUC survey data. ASTRO recommends maintaining a current RVU of 0.84 for CPT 77333.

Our rationale for this recommendation is based on multiple factors described below.

Radiation Oncology Process of Care
Step 1 Consultation
Step 2 Clinical Treatment Planning
Step 3 Treatment Devices/Special Treatment Procedures
Step 4 Simulation
Step 5 Physics and Dosimetry
Step 6 Delivery and Management
Step 7 F/U Care

Billed Together

It is not uncommon for a physician to report an intermediate device (77333) on the same day as a simulation (77290) or a treatment planning (77263) code. The current billed together data indicates that CPT Code 77290 is reported approximately 70% of the time with a 77333 and CPT Code 77263 is reported approximately 55% of the time with 77333.

CPT 77290 is a simulation code (billed once per course of treatment) is the 4th step in the radiation oncology 'process'. Simulation includes outlining all the field edges, determining the isocenter (of the treatment area), analyzing all the CT data sets, applying all the fields to the target areas and adjusting the isocenter, identifying/reviewing "the path of each field through the patient" and ensuring maximum normal tissue spare.

In the RUC database description of physician work for 77290 you will see "The patient is positioned after selecting the appropriate breast board and arm position both ipsilateral and contralateral." That refers to the work of creating a treatment device, which is the step prior to simulation day.

Treatment planning (77263) is the second step in the process of care for a radiation oncology patient, the first being the initial consultation with the radiation oncologist. That consultation is where the radiation oncologist has their initial visit with the patient. They do H&P, discuss relevant statistics, discuss general options (i.e. external beam, brachytherapy, etc) and then the patient goes home to consider whether they will pursue radiation or not. Treatment planning starts when the patient decides to move forward with radiation. In this second step of "the process" the radiation oncologist determines the specific type of radiation, the total dose(s), the volumes, the fractionation schedule, whether they will need IGRT, what type of blocking, etc. They will order/review additional imaging studies if needed. They will then meet with the patient, go over the plan, the side effects (i.e. pain, burns, tissue damage, loss of taste, etc), do an informed consent and move forward with the process.

We are confident there is no duplication of tasks if these services are reported together. They have distinct tasks per step (as outlined above). To ensure there is no duplication in work in pre time when/if the codes are reported together, we are not recommending any pre time for the device code (77333). We are recommending 5 minutes of physician post time for the physician to review and approve the device-indexing checklist and documentation to the patient's chart.

Note: 77014 also shows-up on the billed together file with 77333 (N=<75). CPT Code 77014 was bundled into 77290 in 2014. It should not show up on the billed together data moving forward.

Vignette

The vignette is a 65-year-old female presenting with breast cancer, treated with post-operative radiation to the chest wall and regional lymph nodes. Fabrication of bolus material is required. Breast cancer is the top diagnosis for use of this code in both the facility and non-facility. 92% of our survey respondents felt the vignette was typical.

Time

CPT Code 77333 has an XXX global period, so there is no standard pre or post service package. We are recommending 0 minutes of pre time and 5 minutes of post time. Our current surveyed total time was 33 minutes (8, 20, 5). ASTRO is recommending the median survey time for intra (20 minutes), which results in a total of 25 minutes. This is slightly less than the surveyed time (33 minutes) and existing time (33 minutes).

IWPUT

The surveyed code 77333 will have an IWPUT of 0.036. While this is a low IWPUT, the relationship within the family of codes maintains rank order, as well as with the 1st and 2nd reference codes.

CPT	IWPUT
77332	0.032
77333	0.036
77334	0.038

Comparison to the Key Reference Services

The key reference service code was CPT 77285, Therapeutic radiology simulation-aided field setting; intermediate. This key reference code was most often selected (21.6%) by the survey respondents. This code has a total time of 52 minute (7, 40, 5), an IWPUT of 0.020, and a wRVU of 1.05. The second key reference code 77331, Special dosimetry was selected by 18.3%, with a total time of 30 minutes (0, 30, 0), an IWPUT of 0.029, and a wRVU of 0.87. Both codes have similarities, and are well understood by membership. We believe that these two reference codes were an appropriate selection by our survey respondents and fits nicely with our survey data.

Relativity

Our recommendation will maintain relativity compared to the reference codes, the other treatment device codes, and codes within the radiation oncology family. Simple Treatment Device design and construction has an RVU of 0.54. Intermediate Treatment Device – design and construction has an RVU of 0.84. Complex Treatment Device – design and construction has a wRVU of 1.24. Thus the Intermediate Treatment device correlates nicely between the Simple and Complex treatment device codes.

Recommendation

We are recommending the current RVUw of 0.84, pre service: 0 minutes, median intra time of 20 minutes, and post service time of 5 minutes, for a total time of 25 minutes. The expert panel believes that our survey supports our recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. The current billed together data indicates that CPT Codes 77290 and 77263 may be billed with 77333.

   XXX 77290 wRVU 1.56, total time 77 (7, 60, 10)
   XXX 77263 wRVU 3.14, total time 75 (intra 75)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77333

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,939 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Medicare number in the current RUC database

Specialty Radiation Oncology Frequency 10065 Percentage 92.01 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77333

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77334 Tracking Number Original Specialty Recommended RVU: **1.24**
Presented Recommended RVU: **1.24**
Global Period: XXX RUC Recommended RVU: **1.24**

CPT Descriptor: Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old female non-small cell lung cancer presents for design and construction of a customized immobilization device.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The physician determines the type of device(s) to be used. The patient is set up based on clinical circumstances, patient anatomy, disease state and physical limitations of the patient.

The patient is set up on a low attenuating rigid fixation device. Both arms are positioned above the head using a holding bar. An arm shuttle is then positioned on the rigid fixation device. The physician continuously monitors the patient for tolerance of the treatment position and breathing difficulties. The patient is then assisted out of the fixation device.

After the epoxy is placed into the mold bag, the patient is situated back into the fixation device and the expanding epoxy resin is molded to the patient's back and sides. As the material hardens, the physician adjusts the patient to optimize position for treatment consistent with patient tolerance and physical limitations.

The physician assesses stability and the potential daily reproducibility. (1) Reference marks are drawn on the patient's skin and the epoxy mold. (2) The patient, skin, mold, arm shuttle is indexed to the rigid fixation system.

The physician directs the measurements from reproducible reference points on the patient’s anatomy relative to the immobilization device to assist with daily accurate placement and reproducibility of the patient setup in the device. The physician reviews and approves the localization photographs.

Description of Post-Service Work: The treatment device indexing checklist is reviewed and approved by the physician. The physician documents the patient chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Micheal Kuettel, MD, PhD, Peter Orio, DO, Gerald White, MS and Jim Goodwin, MS		
Specialty(s):	Radiation Oncology		
CPT Code:	77334		
Sample Size:	4411	**Resp N:** 131	**Response:** 2.9 %
Description of Sample:	All US/MD physician members of ASTRO		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	100.00	**156.00**	386.00	1500.00
Survey RVW:	0.50	1.27	**1.56**	2.11	10.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	20.00	**30.00**	45.00	90.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77334	**Recommended Physician Work RVU: 1.24**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77290	XXX	1.56	**RUC Time**

CPT Descriptor Therapeutic radiology simulation-aided field setting; complex

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77306	XXX	1.40	**RUC Time**

CPT Descriptor Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88361	XXX	1.18	**RUC Time**	131,521

CPT Descriptor 1 Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99348	XXX	1.56	**RUC Time**	581,400

CPT Descriptor 2 Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 44 **% of respondents:** 33.5 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 13.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 77334	Top Key Reference CPT Code: 77290	2nd Key Reference CPT Code: **77306**
Median Pre-Service Time	0.00	7.00	3.00
Median Intra-Service Time	30.00	60.00	40.00
Median Immediate Post-service Time	5.00	10.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**35.00**	**77.00**	**46.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.16	0.56
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.32	0.50
Urgency of medical decision making	0.30	0.44

Technical Skill/Physical Effort (Mean)

Technical skill required	0.36	0.50
Physical effort required	0.34	0.61

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.36	0.50
Outcome depends on the skill and judgment of physician	0.47	0.61
Estimated risk of malpractice suit with poor outcome	0.57	0.50

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.45	0.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The RUC identified, as part of the CMS High Expenditure Procedures Screen, CPT 77334 (Treatment devices, design and construction; complex). CPT Codes 77332 and 77333 were identified as part of the family. The PC describes the physician work associated with the fabrication of the device specifically designed for an individual patient's treatment course. The use of an immobilization device is determined by the clinical judgment of the radiation oncologist based on the clinical circumstances, patient anatomy and disease state. The purpose of the device, the risks involved by its use or non-use, and the complexity of its design determine the complexity level, and is coded with CPT codes 77332-77334.

The Research Subcommittee approved the vignettes for 77332-77334 with slight modifications.

ASTRO conducted a survey, with a 4411 sample size, and collected 131 random surveys (2.9% response rate). ASTRO convened a panel that included a number of experts familiar with this service to evaluate the RUC survey data. ASTRO recommends maintaining a current RVU of 1.24 for CPT Code 77334.

Our rationale for this recommendation is based on multiple factors described below.

Radiation Oncology Process of Care
Step 1 Consultation
Step 2 Clinical Treatment Planning
Step 3 Treatment Devices/Special Treatment Procedures
Step 4 Simulation
Step 5 Physics and Dosimetry

Step 6 Delivery and Management
Step 7 F/U Care

Billed Together
It is not uncommon for a physician to report a complex device (77334) on the same day as a simulation (77290). The current billed together data indicates that CPT Code 77290 is reported approximately 55% of the time with a 77334.

CPT 77290 is a simulation code (billed once per course of treatment) is the 4th step in the radiation oncology 'process'. Simulation includes outlining all the field edges, determining the isocenter (of the treatment area), analyzing all the CT data sets, applying all the fields to the target areas and adjusting the isocenter, identifying/reviewing "the path of each field through the patient" and ensuring maximum normal tissue spare.

In the RUC database description of physician work for 77290 you will see "The patient is positioned after selecting the appropriate breast board and arm position both ipsilateral and contralateral." That refers to the work of creating a treatment device, which is the step prior to simulation day.

We are confident there is no duplication of tasks if these services are reported together. They have distinct tasks per step (as outlined above). To ensure there is no duplication in work in pre time when/if the codes are reported together, we are not recommending any pre time for the device code (77334). We are recommending 5 minutes of physician post time for the physician to review and approve the device-indexing checklist and documentation to the patient's chart.

Vignette
The vignette is a *61-year-old female non-small cell lung cancer presents for design and construction of a customized immobilization device.* This procedure is typically billed as a -26 professional component. The top diagnosis for use of this code is lung cancer. 97% of our survey respondents felt the vignette was typical.

Time
CPT Code 77334 has an XXX global period, so there is no standard pre or post service package. We are recommending 0 minutes of pre time and 5 minutes of post time. Our current surveyed total time was 45 minutes (10, 30, 5). ASTRO is recommending the median survey time for intra (30), which results in a total of 35 minutes. This is slightly lower than the total surveyed time and equal to the existing time.

IWPUT
Our recommended IWPUT for this surveyed code will be 0.038. We believe this IWPUT maintains an appropriate the rank order with the family of surveyed codes and the reference codes.

CPT	IWPUT
77332	0.032
77333	0.036
77334	0.038

Comparison to the Key Reference Services
The key reference service code was CPT 77290, *Therapeutic radiology simulation-aided field setting; complex.* This key reference code was most often selected by the survey respondents (34%). This code has a total time of 77 (7, 60, 10), an IWPUT of 0.0197 and a wRVU of 1.56. The second key reference code 77306, *Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)* was selected 14% of the time by our survey respondents. It has a total time of 46 minutes (3, 40, 3), an IWPUT of 0.0316 and a wRVU of 1.40. Both codes have similarities, are well understood by membership. We believe that these two reference codes were an appropriate selection by our survey respondents and fits nicely with our survey data.

Relativity

Our recommendation will maintain relativity compared to the reference codes, the other treatment device codes, and codes within the radiation oncology family. Simple Treatment Device design and construction has an RVU of 0.54. Intermediate Treatment Device – design and construction has an RVU of 0.84. Complex Treatment Device – design and construction (with a wRVU of 1.24) takes into account the added complexity, time and effort, and correlates nicely with the other to treatment device codes.

Recommendation

We are recommending the current RVUw of 1.24, pre service: 0 minutes, median intra time of 30 minutes, and post service time of 5 minutes, for a total time of 35 minutes. The expert panel believes that our survey supports our recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. The current billed together indicate that CPT Code 77290 may be billed with CPT Code 77334. 77290 XXX wRVU 1.56 total time 77 (7, 60, 10)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77334

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is not known.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 852,890 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Medicare data in the current RUC database.

Specialty Radiation Oncology Frequency 784660 Percentage 92.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77334

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Radiation Treatment Devices

TAB: 40

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	77280	Therapeutic radiology simulation-aided field setting; simple	41	0.017			0.70			37	7					25			5					
2nd REF	77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue	33	0.041			0.62			15						15								
CURRENT	77332	Treatment devices, design and construction; simple (simple block, simple bolus)		#DIV/0!			0.54			28														
SVY			122	0.032	0.10	0.60	0.70	0.90	3.00	25	5			2	10	15	20	60	5	0	20	50	100	500
REC	77332	Treatment devices, design and construction; simple (simple block, simple bolus)		0.032			0.54			18						15			3					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	77285	Therapeutic radiology simulation-aided field setting; intermediate	26	0.020			1.05			52	7					40			5					
2nd REF	77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	22	0.029			0.87			30						30								
CURRENT	77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)		#DIV/0!			0.84			33														
SVY			120	0.035	0.21	0.87	1.00	1.50	5.00	33	8			3	15	20	30	60	5	0	15	30	50	800
REC	77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)		0.036			0.84			25						20			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st Ref	77290	Therapeutic radiology simulation-aided field setting; complex	44	0.020			1.56			77	7					60			10					
2nd REF	77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	18	0.032			1.40			46	3					40			3					
CURRENT	77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)		0.035			1.24			35						35								
SVY			131	0.041	0.50	1.27	1.56	2.11	10.00	45	10			4	20	30	45	90	5	0	100	156	386	1500
REC	77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)		0.038			1.24			35						30			5					

Tab #40
Tab #41
Tab Number

Radiation Treatment Devices
Special Radiation Treatment
Issue

77332-77334
77470
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Michael Kuettel, MD, PhD
Printed Signature

The American Society for Radiation Oncology (ASTRO)
Specialty Society

December 14, 2015
Date

CPT Code: 77332-77334
Specialty Society('s): ASTRO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

77332 *Treatment devices, design and construction; simple (simple block, simple bolus)*

77333 *Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)*

77334 *Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)*

Global Period: XXX **Meeting Date:** January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

ASTRO convened a panel of physicians and clinical staff to develop consensus recommendations for practice expense. The panel included a mix of physicians from various practice settings and geographic regions. They panel reviewed the physician work survey data, the existing direct PE inputs and

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT Codes 77332-77334 are existing codes. As such, we included the current direct practice expense inputs as reference on the spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are recommending an increase in clinical staff time for 77332 & 77333. We are also making recommendations to change the equipment for all three procedures. Historically, beam blocking was performed using discrete blocks constructed of lead or high-density alloy (Cerrobend). Block complexity ranged from simple reusable geometric shapes to complex, custom fabricated patterns unique to each of a patient's multiple fields. CPT code 77332 was used for simple, multi-use blocks that were placed by hand on a blocking tray at the time of treatment. CPT code 77333 was used for pre-made blocks, such as kidney or lung blocks, that were used from patient to patient. The CPT code for complex devices (77334) was typically used for an irregular conformal blocks created for the protection of sensitive vital tissues that were is customized for a specific patient and unique to that particular field. With the change in technology, the use of lead or high-density alloy blocks and block cutting machines have become almost obsolete. As such, we are recommending changes in clinical time and equipment.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

Assist the physician with the procedure: *(Note: 75% of physician time)*

> *77332 Treatment devices, design and construction; simple (simple block, simple bolus)*
> *Fit patient into knee/foot immobilization system and secure the immobilization system to the index board. Repeat for reproducibility. Record and photograph all of the reference points of the immobilization system in relation to both the patient's position and index board. Document in the electronic chart.*
>
> *77333 Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)*
> *Fit patient onto breast board. Cut the warm bolus to the approximate shape desired by the physician. Assist the physician with placement. Cut additional bolus on the direction of the physician to modify depth of bolus as well as adjust for post surgical contour changes. Reheat bolus to allow the physician to modify the placement, thickness and conformity. Measure reference points on bolus and patient's skin and record measurements in the patient electronic chart.*
>
> *77334 Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)*
> *Fit patient into alpha cradle. Assist the physician in taking the patient out of the device. Mix the proper amount of foaming resin and distribute the resin uniformly throughout the bag. Place the bag on the fixation device and assist the physician in re-positioning the patient on the device. As the physician adjusts the patient position, the RTT will press the expanding foam into the appropriate locations to maintain the patient position being held by the physician. Adjustments are made as the foam gradually cures and hardens.*

Perform the procedure:

- Measure the reference point marker locations and record the positions in the patient record. (2 min)
- Take pictures of device and set up. Annotate the photographs. Enter in the patient's electronic chart. Label the device. (3 min)
- Assist the patient out of the immobilization device. (2 min)

Post-Service Clinical Labor Activities:

N/A

	A	B	C	F	G	H	I	J	K	L	M	N	O	P	Q
1				RECOMMENDATIONS		CURRENT		RECOMMENDATIONS		CURRENT		RECOMMENDATIONS		CURRENT	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**77332**				**77333**				**77334**			
3	**Meeting Date:** January 2016 **Tab:** 40 Radiation Treatment Devices **Specialty:** ASTRO	**CMS Code**	**Staff Type**	*Treatment devices, design and construction; simple (simple block, simple bolus)*				*Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)*				*Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)*			
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**18**	**0**	**3**	**0**	**22**	**0**	**11**	**0**	**30**	**0**	**37**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
8	*Radiation Therapist*	*L050C*	*RadTherapist*	*0*				*0*				*0*			
9			*RN/LPN/MTA*	0				0				0			
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**18**	**0**	**3**	**0**	**22**	**0**	**11**	**0**	**30**	**0**	**37**	**0**
11	*Radiation Therapist*	*L050C*	*RadTherapist*	*18*		*3*		*22*		*11*		*30*		*37*	
12															
13	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
14	*Radiation Therapist*	*L050C*	*RadTherapist*	*0*				*0*				*0*			
15															
16	**PRE-SERVICE**														
17	**Start: Following visit when decision for surgery or procedure made**														
18	Complete pre-service diagnostic & referral forms														
19	Coordinate pre-surgery services														
20	Schedule space and equipment in facility														
21	Provide pre-service education/obtain consent														
22	Follow-up phone calls & prescriptions														
23	Other Clinical Activity - *specify:*														
24	**End: When patient enters office/facility for surgery/procedure**														
25	**SERVICE PERIOD**														
26	**Start: When patient enters office/facility for surgery/procedure:**														
27	Greet patient, provide gowning, ensure appropriate medical records are available	L050C	RadTherapist												
28	Obtain vital signs														
29	Provide pre-service education/obtain consent	L050C	RadTherapist												
30															
31	Setup scope (non facility setting only)														
32	Prepare and position patient/ monitor patient/ set up IV	L050C	RadTherapist												
33	Sedate/apply anesthesia														
34	Other Clinical Activity - specify:														
35	**Intra-service**														
36	Assist physician in performing procedure	L050C	RadTherapist	11		3		15		11		23		37	
37	Perform Procedure	L050C	RadTherapist	7				7				7			
38	**Post-Service**														
39	Monitor pt. following moderate sedation														
40	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)														
41															
42	Clean Scope														
43	Clean Surgical Instrument Package														
44	Complete diagnostic forms, lab & X-ray requisitions														
45	Review/read X-ray, lab, and pathology reports														
46	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions														
47	Other Clinical Activity - *specify:*														
48	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a		n/a	
49	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a		n/a	
50	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a		n/a	
51	**End: Patient leaves office**														
52	**POST-SERVICE Period**														
53	**Start: Patient leaves office/facility**														
54	Conduct phone calls/call in prescriptions														
55	***Office visits: List Number and Level of Office Visits***			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
61	**Total Office Visit Time**			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
62	Other Clinical Activity - *specify:*														
63	**End: with last office visit before end of global period**														
64	**MEDICAL SUPPLIES***	**CODE**	**UNIT**												
65	pack, minimum multi-specialty visit	SA048	pack												
66	bolus material (Superflab)	SD007	item			1									
67	Thermoplastic tissue bolus 30X30X0.3cm (Invoice #10038996)	NEW	item					2							
68	Urethane Foaming Agent (Invoice #550977)	NEW	kit									1			
69	gloves, non-sterile	SB022	item									2			
70	gown, patient	SB026	item					1				1			
71	safety glasses	SB038	item											1	
72	alloy, low temp fusible (Cerrobend, Indalloy)	SD001	lb											15	
73	styrofoam block, high density (3in-12in-12in)	SD120	item											1	
74	tape, surgical paper 1in (Micropore)	SG079	inch									12		24	
75	tongue depressor	SJ061	item							1				2	
76	razor	SK068	item									1		1	
77	skin marking pen, sterile (Skin Skribe)	SK075	item											1	
78	impression material, dental putty (per bite block)	SL082	item							1					
79	mold release agent, silicone spray	SL094	oz											1	
80															
81	**EQUIPMENT**	**CODE**													
82	alloy melter, digital, 3 gallon	ER011				3				11				37	
83	hood, biohazard	EP016				3				11				37	
84	Huestis block cutting machine w-attachments	ER004				3				11				37	
85	knee wedge/foot block system (Invoice #517354)	NEW		18											
86	Supine Breast/Lung Board (Invoice #10029841)	NEW						22				30			
87	water bath, digital control (Invoice #528472)	NEW						22							
88	camera, digital (6 mexapixel)	ED004		2				2				2			
89															

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Flow Cytometry Interpretation

In the Final Rule for 2016 CMS re-ran the 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.

CPT codes 88184 and 88185 are practice expense only codes as they represent the technical component of flow cytometry. Throughout the last decade, flow cytometric analysis has changed in that instead of just utilizing 3 and 4 color flow cytometry, most laboratories are now using 5, 6, 8, or even 10 color flow cytometry. The increase in the number of fluorochromes utilized makes the analysis more complex and each antibody and associated fluorochrome is typically analyzed (compared) to every other antibody/fluorochrome. This results in the need to compare many more antibody combinations for co-expression or mutually exclusive expression, which in turn increases the number of histograms to analyze. All of these changes have caused the services to be more intense and complex than the way it was performed previously. The specialty noted and the RUC agreed that when comparing these services to the surgical pathology services it is important to remember that 88187, 88188 and 88189 are bundled services with multiple markers. The surgical pathology services are not bundled and require more intra-service time but are less intense to perform. The surgical pathology codes are larger specimens requiring grossing which is less intense than microscopic work. The surveyed services do not require grossing and require highly cognitive and intense work. There is software necessary to analyze the data, but the software does not suggest a result or provide an interpretation.

88184 ***Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker***
88185 ***Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)***
CPT codes 88184 and 88185 were recently reviewed for practice expense (PE) only in April 2014. In the Final Rule for 2015 CMS refined those recommendations. Both the April 2014 RUC recommendation and the CMS refinements are listed on the PE spreadsheet. There is a third column on the spreadsheet that lists the specialty recommendation for this meeting. The specialty had originally recommended some increases over the RUC recommendations from 2014. The PE Subcommittee discussed all three sets of direct PE inputs and determined that it is appropriate to reaffirm the RUC recommendations from April 2014 with the following exceptions:

- supply direct PE inputs, *lysing reagent* (FACS) (SL089) increased from 2 to 3 ml for 88185 only

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- supply direct PE inputs, *antibody, flow cytometry* (each test) (SL186) increased from 1 to 1.6 for both codes
- equipment direct PE inputs, *flow cytometry analytics software* was added for both codes

Because of changes in technology and increased interpretative sophistication, the PE Subcommittee greatly reduced the amount of lysing reagent, the driver of much of the cost of these services, in April 2014. The specialty explained and the PE Subcommittee agreed that it was appropriate to add 1 ml for 88185 only because the typical patient scenario requires 3 or more ml per marker plus a wastage allotment that is included in 88184. For 88184 the amount is reaffirmed at 3 ml for the first marker and 2 ml of wastage, making 5 ml necessary for 88184 only. For 88185 the amount recommended in 2014 of 2 ml is not adequate as each additional marker requires 3 ml, so the specialty recommendation of 3 ml was accepted. The PE Subcommittee also agreed that 1 antibody as approved in 2014 is not accurate as 1.6 antibodies are needed for each marker analyzed and reported. Although software is generally considered indirect practice expense the RUC recommends the flow cytometry analytics software because it is necessary as multi-dimensional channel and marker interpretation and can be directly attributed to this service and not used for any other service. The RUC reviewed and approved the direct PE inputs as modified by the PE Subcommittee.

88187 ***Flow cytometry, interpretation; 2 to 8 markers***
The RUC reviewed the survey results from 83 pathologists and recommends 20 minutes of intra-service time. The RUC recognized significant time decreases since the RUC survey in 2004 and incorporated these time decreases into the recommendations.

The RUC reviewed the survey respondents' work values and agreed that the specialty societies' recommendation to crosswalk this service to recently reviewed CPT code 88346 *Immunofluorescence, per specimen; initial single antibody stain procedure is appropriate for this service* (work RVU = 0.74, intra-service time of 24 minutes) is appropriate for this service. The RUC compared the service to key reference service CPT code 88305 *Level IV - Surgical pathology, gross and microscopic examination...*(work RVU = 0.75, intra-service time of 25 minutes) and 88307 *Level V - Surgical pathology, gross and microscopic examination…*(work RVU = 1.59, intra-service time of 47 minutes). **The RUC recommends a work RVU of 0.74 for CPT code 88187.**

88188 ***Flow cytometry, interpretation; 9 to 15 markers***
The RUC reviewed the survey results from 82 pathologists and recommends 30 minutes of intra-service time. The RUC recognized significant time decreases since the RUC survey in 2004 and incorporated these time decreases into the recommendations.

The RUC reviewed the survey respondents' work values and determined that a work value of 1.40, the survey 25th percentile is appropriate for this service. The RUC compared the service to key reference service CPT code 88309, *Level VI - Surgical pathology, gross and microscopic examination…*(work RVU = 2.80, intra-service time of 90 minutes) and 88307 *Level V - Surgical pathology, gross and microscopic examination…*(work RVU = 1.59, intra-service time of 47 minutes), noting that the physician work and time is lower for the surveyed service. **The RUC recommends a work RVU of 1.40 for CPT code 88188.**

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88189 ***Flow cytometry, interpretation; 16 or more markers***
The RUC reviewed the survey results from 91 pathologists and recommends 36 minutes of intra-service time. The RUC recognized significant time decreases since the RUC survey in 2004 and incorporated these time decreases into the recommendations.

The RUC reviewed the survey respondents' work values and determined that a work value of 1.70, the survey 25th percentile is appropriate for this service. The specialty explained that the utilization of this service has increased significantly since it was last reviewed by the RUC in 2004. This is because it is now the standard of care to classify acute leukemia by flow cytometry where previously it had not been. The RUC compared the service to key reference service CPT code 88309, *Level VI - Surgical pathology, gross and microscopic examination.*…(work RVU = 2.80, intra-service time of 90 minutes) and 88307 *Level V - Surgical pathology, gross and microscopic examination.*…(work RVU = 1.59, intra-service time of 47 minutes). **The RUC recommends a work RVU of 1.70 for CPT code 88189.**

Practice Expense
CPT codes 88187, 88188 and 88189 do not have direct practice expense inputs as they are professional component only services.

Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
88184 (f)	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	XXX	0.00 PE Only
88185	each additional marker (List separately in addition to code for first marker)	ZZZ	0.00 PE Only
88187 (f)	Flow cytometry, interpretation; 2 to 8 markers	XXX	0.74
88188 (f)	9 to 15 markers	XXX	1.40
88189	16 or more markers	XXX	1.70

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88187 Tracking Number

Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **0.74**
RUC Recommended RVU: **0.74**

Global Period: XXX

CPT Descriptor: Flow cytometry, interpretation; 2 to 8 markers

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 56-year-old female has a monoclonal gammopathy of unknown significance. A bone marrow aspiration and biopsy is performed and reveals 6% plasma cells in the bone marrow. Flow cytometry is performed on the bone marrow.

Percentage of Survey Respondents who found Vignette to be Typical: 66%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Obtain and review specimen order and verify specimen type and patient identifiers. Retrieve and review relevant history and other diagnostic test results, including previous flow cytometry studies, other laboratory tests and morphologic examinations. Perform microscopic examination of laboratory generated slide of the submitted specimen. Review histograms (data displays) from each of the secondary tubes derived from the primary specimen necessary for the analyses of 2 to 8 markers, as well as the viability display. Utilize appropriate flow cytometry specific software for analysis review and recording of the expression of each assayed antibody (i.e. percentage of antigen expressed) for one or more gated populations. Formulate a summary and interpretation for the findings. Compare the current findings to previous findings for the patient. Prepare and summarize the findings and any further recommendations required to achieve a complete diagnosis for the specimen/patient in a report (also requires further use of flow cytometry specific software). Sign-out the final report and release results into a separate laboratory information system and directly into the medical record of the patient.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015					
Presenter(s):	Jonathan Myles, MD, Jerry Hussong, MD, Ronald McLawhon, MD					
Specialty(s):	College of American Pathologists					
CPT Code:	88187					
Sample Size:	3500	**Resp N:**	83	**Response:** 2.3 %		
Description of Sample:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	1.00	20.00	**65.00**	100.00	2000.00	
Survey RVW:	0.70	1.00	**1.25**	1.50	2.80	
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	12.00	15.00	**20.00**	30.00	60.00	
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88187	**Recommended Physician Work RVU: 0.74**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88305	XXX	0.75	**RUC Time**

CPT Descriptor Level IV - Surgical pathology, gross and microscopic examination

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88307	XXX	1.59	**RUC Time**

CPT Descriptor Level V - Surgical pathology, gross and microscopic examination

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74280	XXX	0.99	**RUC Time**	17,254

CPT Descriptor 1 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95819	XXX	1.08	**RUC Time**	249,691

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

Other Reference CPT Code	Global	Work RVU	Time Source
94004	XXX	1.00	**RUC Time**

CPT Descriptor Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 25.3 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 21.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 88187	Top Key Reference CPT Code: 88305	2nd Key Reference CPT Code: **88307**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	20.00	25.00	47.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**25.00**	**47.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.09	0.06
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.67	0.44
Urgency of medical decision making	0.67	0.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.95	0.50
Physical effort required	0.05	0.27
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.24	0.33

Outcome depends on the skill and judgment of physician	0.38	0.50
Estimated risk of malpractice suit with poor outcome	-0.19	0.28

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.38	0.67

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

In the 2016 NPRM, the CMS identified codes 88189-*Flow cytometry, interpretation; 16 or more markers* and *88185 - Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)*as potentially misvalued.

The RUC requested these services be surveyed for physician work and the practice expense and reviewed at the January, 2016 RUC meeting. For a complete evaluation of this service, the College of American Pathologists (CAP) requested, in addition, a review of codes, 88187 - *Flow cytometry, interpretation; 2 to 8 marker,* 88188 - *Flow cytometry, interpretation; 9 to 15 markers* and 88184 - *Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker.* For review at this RUC meeting, the flow cytometry family contains CPT codes 88187, 88188, and 88189 that represent the flow cytometry family of professional component pathology services, and CPT codes 88184 and 88185 that represent the technical component (Work RVU = 0.00) pathology services.

The RUC's Research Subcommittee approved a change in the current standard physician work survey for flow cytometry, as there is no pre-service or post-service physician work for these services. Therefore, these questions were not used in the survey process. The RUC's Research Subcommittee also approved revised vignettes that reflect the current Medicare utilization for this service.

Flow Cytometry services are widely utilized services that are performed by a large number of pathologists. A random sample of 20% of the CAP's valid practicing membership were surveyed. For CY 2016, 88187 has a Medicare physician fee schedule work RVU of 1.36. Below are the median details of the survey effort.

Random Survey	**88187 83 Responses**		**88188 82 Responses**		**88189 91 Responses**	
Email #	**Median Time**	**Median WRVU**	**Median Time**	**Median WRVU**	**Median Time**	**Median WRVU**
3,500	20	1.25	30	1.60	36	2.30

The CAP convened an expert panel composed of their Economic and Regulatory Affairs Committee members to review the survey results and compare the physician work to previously RUC valued services and multi-specialty points of comparison codes in regard to the physician work RVUs, time, complexities, and intensities.

The majority of the survey respondents (55 respondents) and the expert panel agreed with the similarities of the surveyed codes and the key reference service 88305 and its secondary reference service 88307, with the surveyed code being more intense and complex than the key reference services. Nearly all intensity and complexity measures indicate higher intensities and complexities. The key reference service, 88305, was valued at the April 2010 RUC meeting with a work RVU of 0.75 with 25 minutes of intra-service time. 88307, the secondary key reference code

chosen, was valued at the same time with a work RVU of 1.59 with 47 minutes of intra-service time. 57% of the respondents identified either 88305 or 88307 as comparison codes and indicated 88187 involved more intensity and complexity.

The survey results are consistent with the current standard of practice of how these services are now provided. Throughout the last decade, flow cytometric analysis has changed in that instead of just utilizing 3 and 4 color flow cytometry, most laboratories are now using 5, 6, 8, or even 10 color flow cytometry. The increase in the number of fluorochromes utilized makes the analysis more complex and each antibody and associated fluorochrome is typically analyzed (compared) to every other antibody/fluorochrome. This results in the need to compare many more antibody combinations for coexpression or mutually exclusive expression, which in turn increases the number of histograms to analyze. All of these changes have caused the services to be more intense and complex than the way it was performed previously.

The CAP expert panel and survey respondents agreed that the complexity of flow cytometry code 88187 is more than the key reference code 88305 and code 88307. The expert panel did not agree with the survey median work RVU of 1.25 and believed that the 25th percentile work RVU of 1.00 is more appropriate for this service.

In addition, the CAP expert panel compared the physician work to previously RUC valued services and multi-specialty points of comparison codes in regard to the physician work RVUs, time, and intensities. The group reviewed the following additional services to value CPT code 88187:

1) 74280 - Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon (RUC valued work RVU = 0.99, Total time = 32 minutes. intra-service time = 20 minutes, RUC valued Sept 2011, MPC code)
2) 88121 - Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology (work RVU = 1.00, intra-service time = 25 minutes, RUC valued October 2009).
3) 88380 - Microdissection (ie, sample preparation of microscopically identified target); laser capture areas (work RVU = 1.14, total time = 33 minutes, RUC reviewed Jan 2014)
4) 94004 - Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day (work RVU = 1.00, total time = 35 minutes, 15 minutes intra-service time. RVU reviewed April 2006, MPC code)

The expert panel agreed on the median surveyed physician time of 20 minutes and the 25th percentile work RVU for 88187. The CAP **recommend a work RVU of 1.00 (25th percentile survey result) with an intra-service and total physician time of 20 minutes for CPT code 88187.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88187

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Commonly

Specialty Clinical Laboratory How often? Commonly

Specialty Hematology/Oncology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 67302
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2015 RUC Database indicates 33,651 claims for 2014. Medicare represents approximately 50% of the total claims. (33,651 x 2 = 67,302). Percentages are from the RUC database for the year 2014.

Specialty Pathology Frequency 46452 Percentage 69.02 %

Specialty Clinical Laboratory Frequency 18798 Percentage 27.93 %

Specialty Hematology/Oncology Frequency 909 Percentage 1.35 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 33,651 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2015 RUC Database indicates 33,651 claims for 2014. Percentages are from the RUC database for the year 2014.

Specialty Pathology Frequency 23226 Percentage 69.02 %

Specialty Clinical Laboratory Frequency 9399 Percentage 27.93 %

Specialty Hematology/Oncology Frequency 454 Percentage 1.34 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 88187

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88188 Tracking Number

Original Specialty Recommended RVU: **1.60**
Presented Recommended RVU: **1.40**
RUC Recommended RVU: **1.40**

Global Period: XXX

CPT Descriptor: Flow cytometry, interpretation; 9 to 15 markers

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 49-year-old male presents with diffuse lymphadenopathy. Frozen section demonstrates a possible follicular lymphoid neoplasm. A portion of the remaining lymph node is sent for flow cytometry.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Obtain and review specimen order and verify specimen type and patient identifiers. Retrieve and review relevant history and other diagnostic test results. including previous flow cytometry studies, other laboratory tests and morphologic examinations. Perform microscopic examination of laboratory generated slide of the submitted specimen. Review histograms (data displays) from each of the secondary tubes derived from the primary specimen necessary for the analyses of 9 to 15 markers, as well as the viability display. -Utilize appropriate flow cytometry specific software for analysis review and recording of the expression of each assayed antibody (i.e. percentage of antigen expressed) for one or more gated populations. Formulate a summary and interpretation for the findings. Compare the current findings to previous findings for the patient. Prepare and summarize the findings and any further recommendations required to achieve a complete diagnosis for the specimen/patient in a report (also requires further use of flow cytometry specific software). Sign-out the final report and release results into a separate laboratory information system and directly into the medical record of the patient.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015				
Presenter(s):	Jonathan Myles, MD, Jerry Hussong, MD, Ronald McLawhon, MD				
Specialty(s):	College of American Pathologists				
CPT Code:	88188				
Sample Size:	3500	**Resp N:**	82	**Response:** 2.3 %	
Description of Sample:	Random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	2.00	20.00	**78.00**	226.00	5000.00
Survey RVW:	0.75	1.40	**1.60**	1.86	3.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	17.00	23.00	**30.00**	45.00	75.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88188	**Recommended Physician Work RVU: 1.40**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88307	XXX	1.59	**RUC Time**

CPT Descriptor Level V - Surgical pathology, gross and microscopic examination

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88331	XXX	1.19	**RUC Time**

CPT Descriptor Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99348	XXX	1.56	**RUC Time**	581,400

CPT Descriptor 1 Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99304	XXX	1.64	**RUC Time**	360,707

CPT Descriptor 2 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit

Other Reference CPT Code	Global	Work RVU	Time Source
78072	XXX	1.60	**RUC Time**

CPT Descriptor Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization

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RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 40 **% of respondents:** 56.3 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 14.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 88188	Top Key Reference CPT Code: 88307	2nd Key Reference CPT Code: **88331**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	30.00	47.00	25.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**47.00**	**25.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

Mental Effort and Judgment (Mean)

	Top Key Ref Code	2nd Key Ref Code
The number of possible diagnosis and/or the number of management options that must be considered	0.30	0.30
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.67	0.50
Urgency of medical decision making	0.37	0.00

Technical Skill/Physical Effort (Mean)

Technical skill required	0.85	0.50
Physical effort required	0.00	0.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.17	0.40
Outcome depends on the skill and judgment of physician	0.57	0.50
Estimated risk of malpractice suit with poor outcome	0.05	-0.10

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.80	0.50

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

In the 2016 NPRM, the CMS identified codes 88189-*Flow cytometry, interpretation; 16 or more markers* and *88185 - Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)*as potentially misvalued.

The RUC requested these services be surveyed for physician work and the practice expense and reviewed at the January, 2016 RUC meeting. For a complete evaluation of this service, the College of American Pathologists (CAP) requested, in addition, a review of codes, 88187 - *Flow cytometry, interpretation; 2 to 8 marker,* 88188 - *Flow cytometry, interpretation; 9 to 15 markers* and 88184 - *Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker.* For review at this RUC meeting, the flow cytometry family contains CPT codes 88187, 88188, and 88189 that represent the flow cytometry family of professional component pathology services, and CPT codes 88184 and 88185 that represent the technical component (Work RVU = 0.00) pathology services.

The RUC's Research Subcommittee approved a change in the current standard physician work survey for flow cytometry, as there is no pre-service or post-service physician work for these services. Therefore, these questions were not used in the survey process. The RUC's Research Subcommittee also approved revised vignettes that reflect the current Medicare utilization for this service.

Flow Cytometry services are widely utilized services that are performed by a large number of pathologists. A random sample of 20% of the CAP's valid practicing membership were surveyed. For CY 2016, 88188 has a Medicare physician fee schedule work RVU of 1.69. Below are the median details of the survey effort.

Random Survey	**88187 83 Responses**		**88188 82 Responses**		**88189 91 Responses**	
Email #	**Median Time**	**Median WRVU**	**Median Time**	**Median WRVU**	**Median Time**	**Median WRVU**

3,500	20	1.25	30	1.60	36	2.30

The CAP convened an expert panel composed of their Economic and Regulatory Affairs Committee members to review the survey results and compare the physician work to previously RUC valued services and multi-specialty points of comparison codes in regard to the physician work RVUs, time, complexities, and intensities.

The majority of survey respondents (50 respondents) and the expert panel agreed with the similarities of the surveyed codes and the key reference service 88307 and its tertiary reference service 88309, with the surveyed code being more intense and complex than the key reference services. In addition, nearly all intensity and complexity measures indicate a higher level of intensity and complexity for the surveyed code than the key reference services. The key reference service, 88307, was valued at the April 2010 RUC meeting with a work RVU of 1.59 with 47 minutes of intra-service time. 88309, the tertiary key reference code chosen, was valued at the same time with a work RVU of 2.80 with 90 minutes of intra-service time. 61% of the respondents identified either 88307 or 88309 as comparison codes and indicated 88188 is more intense and complex.

The survey results are consistent with the current standard of practice of how these services are now provided. Throughout the last decade, flow cytometric analysis has changed in that instead of just utilizing 3 and 4 color flow cytometry, most laboratories are now using 5, 6, 8, or even 10 color flow cytometry. The increase in the number of fluorochromes utilized makes the analysis more complex and each antibody and associated fluorochrome is typically analyzed (compared) to every other antibody/fluorochrome. This results in the need to compare many more antibody combinations for coexpression or mutually exclusive expression, which in turn increases the number of histograms to analyze. All of these changes have caused the services to be more intense and complex than the way it was performed previously.

The CAP expert panel and survey respondents thought 88188 was more complex than both 88307 and 88309, and the physician work was greater than 88307 and less than 88309. The expert panel agreed with the survey median work RVU of 1.60 for this service.

In addition, the CAP expert panel compared the physician work to previously RUC valued services and multi-specialty points of comparison codes in regard to the physician work RVUs, time, and intensities. The group reviewed the following additional services to value CPT code 88188:

1) 99348 - Home visit for the evaluation and management of an established patient … (work RVU = 1.56, total time = 44 minutes, 25 minutes intra service time, RUC reviewed April 1997, MPC code)
2) 99304 - Initial nursing facility care, per day, for the evaluation and management of a patient (work RVU = 1.64, total time = 43 minutes, intra service time = 23 minutes, RUC reviewed Feb 2007, MPC code)
3) 94011 - Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age (work RVU = 2.00, Intra-service time = 30, total time = 80, RUC reviewed April 2009)
4) 74178 - Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions (work RVU = 2.01, total time 40 minutes, intra-service time = 30 minutes, RUC reviewed February 2010, MPC code)

The expert panel agreed on the median surveyed physician time of 30 minutes and the median work RVU of 1.60 for 88188. The CAP **recommends a work RVU of 1.60 with an intra-service and total physician time of 30 minutes for CPT code 88188.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88188

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Commonly

Specialty Clinical Laboratory How often? Commonly

Specialty Hematology/Oncology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 56360
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2015 RUC Database indicates 28,180 claims for 2014. Medicare represents approximately 50% of the total claims. (28,180 x 2 = 56,360). Percentages are from the RUC database for the year 2014.

Specialty Pathology Frequency 47055 Percentage 83.49 %

Specialty Clinical Laboratory Frequency 7975 Percentage 14.15 %

Specialty Hematology/Oncology Frequency 947 Percentage 1.68 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 28,180 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2015 RUC Database indicates 28,180 claims for 2014. Percentages are from the RUC database for the year 2014.

Specialty Pathology Frequency 23527 Percentage 83.48 %

Specialty Clinical Laboratory Frequency 3987 Percentage 14.14 %

Specialty Hematology/Oncology Frequency 473 Percentage 1.67 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 88188

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88189 Tracking Number Original Specialty Recommended RVU: **2.23**
Presented Recommended RVU: **1.70**
Global Period: XXX RUC Recommended RVU: **1.70**

CPT Descriptor: Flow cytometry, interpretation; 16 or more markers

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old female presents with petechiae and pancytopenia. Peripheral blood smear demonstrates numerous blasts. Flow cytometry immunophenotyping is performed to assist in the classification of the acute leukemia.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Obtain and review specimen order and verify specimen type and patient identifiers. Retrieve and review relevant history and other diagnostic test results, including previous flow cytometry studies, other laboratory tests and morphologic examinations. Perform microscopic examination of laboratory generated slide of the submitted specimen. Review histograms (data displays) from each of the secondary tubes derived from the specimen necessary for the analyses of 16 or more markers, as well as the viability display. Utilize appropriate flow cytometry specific software - for analysis review and recording of the expression of each assayed antibody (ie percentage of antigen expressed) for one or more gated populations. Formulate a summary and interpretation for the findings. Compare the current findings to previous findings for the patient. Prepare and summarize the findings and any further recommendations required to achieve a complete diagnosis for the specimen/patient in a report (also requires further use of flow cytometry specific software). Sign-out the final report and release results into a separate laboratory information system and directly into the medical record of the patient.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2015					
Presenter(s):	Jonathan Myles, MD, Jerry Hussong, MD, Ronald McLawhon, MD					
Specialty(s):	College of American Pathologists					
CPT Code:	88189					
Sample Size:	3500	**Resp N:**	91	**Response:** 2.6 %		
Description of Sample:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	10.00	50.00	**150.00**	350.00	3963.00	
Survey RVW:	1.00	1.70	**2.30**	2.80	4.00	
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	18.00	30.00	**36.00**	60.00	115.00	
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88189	**Recommended Physician Work RVU: 1.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**36.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88309	XXX	2.80	**RUC Time**

CPT Descriptor Level VI - Surgical pathology, gross and microscopic examination

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88307	XXX	1.59	**RUC Time**

CPT Descriptor Level V - Surgical pathology, gross and microscopic examination

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74178	XXX	2.01	**RUC Time**	574,896

CPT Descriptor 1 Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99204	XXX	2.43	**RUC Time**	9,072,090

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
74183	XXX	2.26	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 47 **% of respondents:** 51.6 **%**

Number of respondents who choose 2nd Key Reference Code: 26 **% of respondents:** 28.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 88189	Top Key Reference CPT Code: 88309	2nd Key Reference CPT Code: **88307**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	36.00	90.00	47.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**36.00**	**90.00**	**47.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.43	0.58
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.79	1.12
Urgency of medical decision making	0.83	1.08
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.79	0.69

Physical effort required	0.21	0.04

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.47	0.46
Outcome depends on the skill and judgment of physician	0.77	0.38
Estimated risk of malpractice suit with poor outcome	0.40	0.12

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**

Time Segment (Mean)

Overall intensity/complexity	0.77	0.85

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

In the 2016 NPRM, the CMS identified codes 88189-*Flow cytometry, interpretation; 16 or more markers* and *88185 - Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)*as potentially misvalued.

The RUC requested these services be surveyed for physician work and the practice expense and reviewed at the January, 2016 RUC meeting. For a complete evaluation of this service, the College of American Pathologists (CAP) requested, in addition, a review of codes, 88187 - *Flow cytometry, interpretation; 2 to 8 marker,* 88188 - *Flow cytometry, interpretation; 9 to 15 markers* and 88184 - *Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker.* For review at this RUC meeting, the flow cytometry family contains CPT codes 88187, 88188, and 88189 that represent the flow cytometry family of professional component pathology services, and CPT codes 88184 and 88185 that represent the technical component (Work RVU = 0.00) pathology services.

The RUC's Research Subcommittee approved a change in the current standard physician work survey for flow cytometry, as there is no pre-service or post-service physician work for these services. Therefore, these questions were not used in the survey process. The RUC's Research Subcommittee also approved revised vignettes that reflect the current Medicare utilization for this service.

Flow Cytometry services are widely utilized services that are performed by a large number of pathologists. A random sample of 20% of the CAP's valid practicing membership was surveyed. For CY 2016, 88189 has a Medicare physician fee schedule work RVU of 2.23. Below are the median details of the survey effort.

Random Survey	88187 83 Responses		88188 82 Responses		88189 91 Responses	
Email #	**Median Time**	**Median WRVU**	**Median Time**	**Median WRVU**	**Median Time**	**Median WRVU**
3,500	20	1.25	30	1.60	36	2.30

The CAP convened an expert panel composed of their Economic and Regulatory Affairs Committee members to review the survey results and compare the physician work to previously RUC valued services and multi-specialty points of comparison codes in regard to the physician work RVUs, time, complexities, and intensities.

The majority of survey respondents (50 respondents) and the expert panel agreed with the similarities of the surveyed codes and the key reference service 88309 and its secondary reference service 88307. The intensity and complexity measures indicate this relationship as well, whereas all intensity and complexity measures indicate the surveyed code is more intense and complex than the key reference services. The key reference service, 88309, was valued at the April 2010 RUC meeting with a work RVU of 2.80 with 90 minutes of intra-service time. 88307, the secondary key reference code chosen, was valued at the same time with a work RVU of 1.59 with 47 minutes of intra-service time. 61% of the respondents identified either 88309 or 88307 as comparison codes and indicated 88189 is more intense and complex.

The survey results are consistent with the current standard of practice of how these services are now provided. Throughout the last decade, flow cytometric analysis has changed in that instead of just utilizing 3 and 4 color flow cytometry, most laboratories are now using 5, 6, 8, or even 10 color flow cytometry. The increase in the number of fluorochromes utilized makes the analysis more complex and each antibody and associated fluorochrome is typically analyzed (compared) to every other antibody/fluorochrome. This results in the need to compare many more antibody combinations for coexpression or mutually exclusive expression, which in turn increases the number of histograms to analyze. All of these changes have caused the services to be more intense and complex than the way it was performed previously.

The CAP expert panel and survey respondents agreed that the complexity of flow cytometry code 88189 is more than the key reference code 88307 and code 88309. The expert panel did agree that the survey median work RVU of 2.30 approximates the work for this service. The survey median supports the current value of 2.23 RVUs.

In addition, the CAP expert panel compared the physician work to previously RUC valued services and multi-specialty points of comparison codes in regard to the physician work RVUs, time, and intensities. The group reviewed the following additional services to value CPT code 88189:

1) 72158 - Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar (work RVU = 2.29, 25 minutes intra-service, 35 minutes total time, RUC reviewed April 2013, MPC code)
2) 99204 - Office or other outpatient visit for the evaluation and management of a new patient,…(work RVU = 2.43, intra-service time 30 minutes, total time 45 minutes, RUC reviewed February 2006, MPC code)
3) 95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist (work RVU = 2.50, 66.5 total time, 36.5 minutes intra-service, RUC reviewed April 2010, MPC code)

The expert panel agreed on the median surveyed physician time of 36 minutes and the median work RVU for 88189 supports the existing value of 2.23. The CAP **recommends maintaining the current work RVU of 2.23 with an intra-service and total physician time of 36 minutes for CPT code 88189.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in

the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88189

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Commonly

Specialty Clinical Laboratory How often? Commonly

Specialty Hematology/Oncology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 354334
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2015 RUC Database indicates 177,167 claims for 2014. Medicare represents approximately 50% of the total claims. (177,167 x 2 = 354,334). Percentages are from the RUC database for the year 2014.

Specialty Pathology Frequency 201864 Percentage 56.96 %

Specialty Clinical Laboratory Frequency 147509 Percentage 41.62 %

Specialty Hematology/Oncology Frequency 2409 Percentage 0.67 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 177,167 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2015 RUC Database indicates 177,167 claims for 2014. Percentages are from the RUC database for the year 2014.

Specialty Pathology Frequency 100932 Percentage 56.96 %

Specialty Clinical Laboratory Frequency 73755 Percentage 41.63 %

Specialty Hematology/Oncology Frequency 1205 Percentage 0.68 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 88189

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Flow Cytometry Interpretation

TAB: 42

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	88305	Level IV - Surgical pathology,	21	0.030			0.75			25						25			
2nd REF	88307	Level V - Surgical pathology, ..	18	0.034			1.59			47						47			
CURRENT	88187	Flow cytometry, interpretation; 2 to 8 markers		0.039			1.36			38	5					30			3
SVY	88187	Flow cytometry, interpretation; 2 to 8 markers	83	0.063	0.70	1.00	1.25	1.50	2.80	20				12	15	20	30	60	
REC	88187	Flow cytometry, interpretation; 2 to 8 markers		0.037			0.74			20						20			

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	88307	Level V - Surgical pathology, ..	40	0.034			1.59			47						47			
2nd REF	88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	10	0.048			1.19			25						25			
CURRENT	88188	Flow cytometry, interpretation; 9 to 15 markers		0.043			1.69			43	5					35			3
SVY	88188	Flow cytometry, interpretation; 9 to 15 markers	82	0.053	0.75	1.40	1.60	1.86	3.00	30				17	23	30	45	75	
REC	88188	Flow cytometry, interpretation; 9 to 15 markers		0.047			1.40			30						30			

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	88309	Level VI - Surgical pathology,	41	0.031			2.80			90						90			
2nd REF	88307	Level V - Surgical pathology,	25	0.034			1.59			47						47			
CURRENT	88189	Flow cytometry, interpretation; 16 or more markers		0.050			2.23			50	5					40			5
SVY	88189	Flow cytometry, interpretation; 16 or more markers	91	0.064	1.00	1.70	2.30	2.80	4.00	36				18	30	36	60	115	
REC	88189	Flow cytometry, interpretation; 16 or more markers		0.047			1.70			36						36			

42 &43____
Tab Numbers

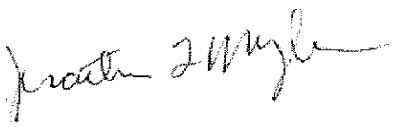
Flow Cytometry Services and Microslide Consultations__
Issues

88184-5, and 88187-9__88321 -88325___
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



__
Signature

_Jonathan Myles, MD
Printed Signature

__College of American Pathologists
Specialty Society

__12/15/2015
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
88184 - Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
88185 - Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)

Global Period:_XXX Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The College of American Pathologists (CAP) assembled an expert panel composed of individuals who perform these services or have other expertise in the area. This expert panel was consulted through a series of conference calls in order to develop the now typical practice expense inputs. CAP’s expert panel reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Previous RUC recommended PE direct inputs are used as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: No recommendations extend beyond PE Subcommittee standards.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: The recommended values reflect current typical values considering the current technology utilized. These inputs reflect current practice and account for previous errors or items inadvertently omitted from the previous recommendation.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
Laboratory technician accessions the specimen, prepare the specimen for examination, and retrieve previous diagnostic studies.

Intra-Service Clinical Labor Activities:
The CBC is run and cytotechnologists the prepare cytospin or smear, stain, cover slip, examine under microscope for quality, and prepare specimen for manual or automated processing. They also initiate the instrument start-up, quality control functions, calibration, centrifugation, as well as maintain specimen tracking, logs, and labeling. They then load specimen into the flow cytometer, run the specimen, monitor data acquisition, and unload the flow cytometer. Time is also spent using the cytometry analytics software to analyze the data generated from the service on a designated

desktop computer. Finally the cytotechnologists collect the printed out histograms, assemble materials including paperwork, and review histograms and gating with pathologist.

Post-Service Clinical Labor Activities:
Within the flow cytometry lab areas, the laboratory technologists prepare, pack, and transport specimens and records for internal or external storage (where applicable). In addition, they dispose of remaining specimens, spent chemicals or other consumables, and hazardous waste. Laboratory technologists clean the room and equipment following the procedure and perform any additional equipment maintenance that must be done after the procedure. They lastly enter the data into the laboratory information system.

CPT Code:_88184-5
Specialty Society('s)_CAP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
88184 - Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
88185 - Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)

Global Period:_XXX Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The College of American Pathologists (CAP) assembled an expert panel composed of individuals who perform these services or have other expertise in the area. This expert panel was consulted through a series of conference calls in order to develop the now typical practice expense inputs. CAP's expert panel reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: **The CAP recommends no direct practice expense inputs in the facility setting.**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: **See #2**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: **See #2**

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

N/A

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
88187 - Flow cytometry, interpretation; 2 to 8 markers
88188 - Flow cytometry, interpretation; 9 to 15 markers
88189 - Flow cytometry, interpretation; 16 or more markers

Global Period:_XXX Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The College of American Pathologists (CAP) assembled an expert panel composed of individuals who perform these services or have other expertise in the area. This expert panel was consulted through a series of conference calls in order to develop the now typical practice expense inputs. CAP’s expert panel reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

There are no direct practice expense inputs for these physician interpretation services. The direct practice expense inputs are contained in CPT codes 88184 and 88185.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
N/A

Intra-Service Clinical Labor Activities:
N/A

Post-Service Clinical Labor Activities:
N/A

CPT Code:_88187-9
Specialty Society('s)_CAP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
88187 - Flow cytometry, interpretation; 2 to 8 markers
88188 - Flow cytometry, interpretation; 9 to 15 markers
88189 - Flow cytometry, interpretation; 16 or more markers

Global Period:_XXX Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The College of American Pathologists (CAP) assembled an expert panel composed of individuals who perform these services or have other expertise in the area. This expert panel was consulted through a series of conference calls in order to develop the now typical practice expense inputs. CAP's expert panel reviewed the PE inputs and made additional adjustments to the clinical labor, supplies, and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: **The CAP recommends no direct practice expense inputs in the facility setting.**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: **See #2**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: **See #2**

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

N/A

	A	B	C	E	F	G	I	J	K
1				April 2014 RUC	Current CMS Inputs	Recommended	April 2014 RUC	Current CMS Inputs	Recommended
2				88184	88184	88184	88185	88185	88185
3	**Meeting Date: Janauary 2016** **Tab: 42** **Specialty: Pathology**	**CMS Code**	**Staff Type**	**Flow cytometry, cell surface, cytoplasmic, ... ; first marker**	**Flow cytometry, cell surface, cytoplasmic, ... ; first marker**	**Flow cytometry, cell surface, cytoplasmic, ... ; first marker**	**Flow cytometry, cell surface, cytoplasmic, ... each additional marker**	**Flow cytometry, cell surface, cytoplasmic, ... each additional marker**	**Flow cytometry, cell surface, cytoplasmic, ... each additional marker**
4	**LOCATION**			**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**	**Non Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**Lab and Cyto Tech**		**65**	**52**	**65**	**8**	**7**	**8**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L033A**	**Lab Tech**	**4**	**4**	**4**	**0**	**0**	**0**
8	**TOTAL SERVICE PERIOD CLIN LABOR TIME**	**L045A**	**Cytotech**	**53**	**45**	**53**	**7**	**7**	**7**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L033A**	**Lab Tech**	**8**	**3**	**8**	**1**	**0**	**1**
10	**PRE-SERVICE**								
11	**Start: When containers/requisitions prepared for physician**								
12	Accession specimen/prepare for examination	**L033A**	**Lab Tech**	**4**	**4**	**4**	**NA**	**NA**	**NA**
13	Other Clinical Activity (please specify):								
14	**SERVICE PERIOD**								
15	**Start: When specimen is ready for examination by pathologist**								
16	Prepare cytospin or smear, stain, cover slip, examine under microscope for quality.	**L045A**	**Cytotech**	**8**	**8**	**8**	**NA**	**NA**	**NA**
17	Prepare specimen, including cell enrichment free of debris, cell separation, add reagents, for manual/automated processing.	**L045A**	**Cytotech**	**15**	**15**	**15**	**3**	**3**	**3**
18	Instrument start-up, quality control functions, calibration, centrifugation, maintaining specimen tracking, logs and labeling	**L045A**	**Cytotech**	**15**	**13**	**15**	**NA**	**NA**	**NA**
19	Load specimen into flow cytometer, run specimen, monitor data acquisition, and data modeling, and unload flow cytometer	**L045A**	**Cytotech**	**10**	**7**	**10**	**3**	**3**	**3**
22	Print out histograms, assemble materials with paperwork to pathologists Review histograms and gating with pathologist.	**L045A**	**Cytotech**	**5**	**2**	**5**	**1**	**1**	**1**
24	**POST-SERVICE Period**								
25	**Start: When specimen examination by pathologist is complete**								
26	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)	**L033A**	**Lab Tech**	**1**	**1**	**1**	**NA**	**NA**	**NA**
27	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste	**L033A**	**Lab Tech**	**1**	**1**	**1**	**NA**	**NA**	**NA**
28	Clean room/equipment following procedure (including any equipment maintenance tha must be done after the procedure)	**L033A**	**Lab Tech**	**2**	**1**	**2**	**NA**	**NA**	**NA**
29	Enter data into laboratory information system, multiparameter analyses and field data entry, complete quality assurance documentation.	**L033A**	**Lab Tech**	**4**	**0**	**4**	**1**	**0**	**1**
30	**End: When specimen, chemical waste and record handling is complete**								
31	**MEDICAL SUPPLIES**								
32	gloves, non-sterile	SB022	pair	**3**	**3**	**3**			
33	calibration beads (each test)	SL021	item	**1**	**1**	**1**			
34	centrifuge tube	SL024	item	**4**	**4**	**4**	**2**	**2**	**2**
35	cover slip, glass	SL030	item	**1**	**1**	**1**			
36	Isoton II diluent	SL084	ml	**25**	**25**	**25**	**25**	**25**	**25**
37	lysing reagent (FACS)	SL089	ml	**5**	**5**	**5**	**2**	**2**	**3**
38	mounting media (Histomount)	SL095	ml	**0.2**	**0.2**	**0.2**			
39	paraformaldehyde	SL099	gm	**0.5**	**0.5**	**0.5**	**0.5**	**0.5**	**0.5**
40	phosphate buffered saline solution	SL107	ml	**20**	**20**	**20**	**20**	**20**	**20**
41	pipette tip (blue-yellow)	SL110	item	**5**	**5**	**5**	**2**	**2**	**2**
42	slide, microscope	SL122	item	**1**	**1**	**1**			
43	stain, Wright's soln	SL141	ml	**0.3**	**0.3**	**0.3**			
44	antibody, flow cytometry (each test)	SL186	item	**1**	**1**	**1.6**	**1**	**1**	**1.6**
45	**Equipment**								
46	flow cytometry analytics software	Invoice	Invoices			**10**			**2**
47	computer, desktop, w-monitor	ED021		**20**	**20**	**20**	**1**	**1**	**1**
48	printer, dye sublimation (photo, color)	ED031		**5**	**2**	**5**	**2**	**1**	**2**
49	centrifuge (with rotor)	EP007		**25**	**25**	**25**			
51	flow cytometer	EP014		**17**	**17**	**17**	**4**	**4**	**4**
52	hood, biohazard	EP016		**5**	**5**	**5**			
53	microscope, compound	EP024		**4**	**4**	**4**			
54	slide stainer, automated, standard throughput	EP037		**3**	**3**	**3**			
55	centrifuge, cytospin	EP044		**5**	**5**	**5**			
56	loader, FACS	EP047		**5**	**5**	**5**			
57	wash assistant, FACS	EP053		**5**	**5**	**5**			

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Microslide Consultation

In the Final Rule for 2016 CMS re-ran the screen for 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.

88321 ***Consultation and report on referred slides prepared elsewhere***
The RUC reviewed the survey results from 52 pathologists and recommends the following physician time components: pre-service time of 0 minute, intra-service time of 50 minutes and immediate post-service time of 0 minute.

The RUC reviewed the survey respondents' estimated work values and agreed that the specialties' recommendation to maintain the current work value of 1.63 is appropriate for this service. The RUC compared the service to key reference service CPT code 88307, *Level V - Surgical pathology, gross and microscopic examination…* (work RVU = 1.59, intra-service time of 47 minutes) and noted that the surveyed service has slightly more intra-service time, justifying the slightly higher work value. For additional support the RUC compared the surveyed code to CPT code 99363 *Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)* (work RVU = 1.65, intra-service time of 50 minutes) and noted that the both services have similar intra-service time and intensity and should be valued similarly. **The RUC recommends a work RVU of 1.63 for CPT code 88321.**

88323 ***Consultation and report on referred material requiring preparation of slides***
The RUC reviewed the survey results from 43 pathologists and recommends the following physician time components: pre-service time of 0 minute, intra-service time of 60 minutes and immediate post-service time of 0 minute.

The RUC reviewed the survey respondents' estimated work values and agreed that the specialties' recommendation to maintain the current work value of 1.83 is appropriate for this service. The RUC compared the service to key reference service CPT code 88307, *Level V - Surgical pathology, gross and microscopic examination…* (work RVU = 1.59, intra-service time of 47 minutes) and noted that the surveyed service has more intra-service time, justifying the higher work value. For additional support the RUC compared the surveyed code to CPT code 92607 *Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour* (work RVU = 1.85,

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intra-service time of 60 minutes) and noted that the both services have similar intra-service time and should be valued similarly. **The RUC recommends a work RVU of 1.83 for CPT code 88323.**

88325 *Consultation, comprehensive, with review of records and specimens, with report on referred material*
The specialty explained that this is a low volume code that is only used when diagnosis is very difficult. The RUC reviewed the survey results from 39 pathologists and recommends the following physician time components: pre-service time of 0 minute, intra-service time of 90 minutes and immediate post-service time of 0 minute.

The specialty explained that there is compelling evidence that the technology has changed physician work, since this service was last reviewed in 2005. New technology or the more widespread use of some pathology testing has greatly increased the complexity and amount of materials available for review and interpretation to determine the diagnosis. Further, the consultation is generally for patients that may have been sent to many different pathologists and are difficult cases to diagnose. The RUC agreed that there is compelling evidence that the current work RVU for code 88325 is misvalued.

After consideration of the preliminary RUC reviewer comments, the specialty society revised their recommendation to the survey 50th percentile (work RVU= 2.85). The RUC agreed that a work RVU of 2.85 is appropriate for this code. The RUC compared the service to key reference service CPT code 88309 *Level VI - Surgical pathology, gross and microscopic examination…* (work RVU = 2.80, intra-service time of 90 minutes) and CPT code 88356 *Morphometric analysis; nerve* (work RVU = 2.80, intra-service time of 90 minutes) and noted that both services have the same intra-service time; however 88325 is slightly more intense to perform, justifying the slightly higher work value. For additional support the RUC compared the surveyed code to CPT code 90865 *Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)* (work RVU = 2.84, intra-service time of 90 minutes). **The RUC recommends a work RVU of 2.85 for CPT code 88325.**

Practice Expense
The RUC reviewed and approved the practice expense inputs without modification as submitted by the specialty and approved by the PE Subcommittee. The PE Subcommittee noted that they reviewed the services with the understanding that slides are part of these consultation codes, however the vignette does not explicitly state this.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
88321	Consultation and report on referred slides prepared elsewhere	XXX	1.63 (No Change)
88323 (f)	Consultation and report on referred material requiring preparation of slides	XXX	1.83 (No Change)
88325 (f)	Consultation, comprehensive, with review of records and specimens, with report on referred material	XXX	2.85

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88321 Tracking Number Original Specialty Recommended RVU: **1.63**
Presented Recommended RVU: **1.63**
Global Period: XXX RUC Recommended RVU: **1.63**

CPT Descriptor: Consultation and report on referred slides prepared elsewhere

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old female presents with a skin lesion of the posterior neck. Biopsy reveals on routine microscopic examination a tumor composed of poorly differentiated neoplastic cells.. A panel of immunohistochemical stains is not conclusive as to the lineage of the tumor when reviewed by the submitting pathologist. The routine microscopic slides and immunohistochemical stains are referred to a consulting pathologist for evaluation.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Obtain and review clinical history and referral information, including referral letter and results of clinical testing. Review gross examination from submitted surgical pathology report. Examine submitted H&E and other immunohistochemical and special stains. Consider additional ancillary tests as well as H&E stained sections. Compare to previous study reports, render a diagnosis, and identify clinically meaningful information. Dictate and prepare pathology report. Sign-out report with any concurrent telephone communication with other professionals.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Jonathan Myles, MD, Swati Mehrotra, MD, Stephen Black-Schaffer, MD		
Specialty(s):	College of American Pathologists and American Society of Cytopathology		
CPT Code:	88321		
Sample Size:	2800	**Resp N:** 52	**Response:** 1.8 %
Description of Sample:	Random CAP and ASC members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	10.00	40.00	**65.00**	123.00	600.00
Survey RVW:	0.75	1.39	**1.70**	1.84	3.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	20.00	30.00	**50.00**	60.00	90.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88321	**Recommended Physician Work RVU: 1.63**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**50.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88307	XXX	1.59	**RUC Time**

CPT Descriptor Level V - Surgical pathology

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88305	XXX	0.75	**RUC Time**

CPT Descriptor Level IV - Surgical pathology

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95861	XXX	1.54	**RUC Time**	33,081

CPT Descriptor 1 Needle electromyography; 2 extremities with or without related paraspinal areas

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99460	XXX	1.92	**RUC Time**	3

CPT Descriptor 2 Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant

Other Reference CPT Code	Global	Work RVU	Time Source
77058	XXX	1.63	**RUC Time**

CPT Descriptor Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 46.1 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 15.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 88321	Top Key Reference CPT Code: 88307	2nd Key Reference CPT Code: **88305**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	50.00	47.00	25.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**50.00**	**47.00**	**25.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.58	0.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.75	0.13
Urgency of medical decision making	0.13	-0.13
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.38	-0.63
Physical effort required	0.13	-0.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.50	0.25

Outcome depends on the skill and judgment of physician	0.71	0.63
Estimated risk of malpractice suit with poor outcome	0.54	0.25

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.04	0.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

In the 2016 NPRM, the CMS identified code 88321- *Consultation and report on referred slides prepared elsewhere* as potentially misvalued. The RUC requested this service be surveyed for physician work and the practice expense reviewed at the January, 2016 RUC meeting. For a complete evaluation of this service, the College of American Pathologists (CAP) and American Society of Cytopathology (ASC) requested codes 88323 - *Consultation and report on referred material requiring preparation of slides* and 88325 - *Consultation, comprehensive, with review of records and specimens, with report on referred material* be reviewed at the same meeting as part of the family. CPT codes 88321, 88323, and 88325 represent the microslide consultation family of pathology services.

The RUC's Research Subcommittee approved a change in the current standard physician work survey for microslide consultations, as there is no pre-service or post-service physician work for these services. Therefore, these questions were not used in the survey process. The RUC's Research Subcommittee also approved the survey population to include a random sample of CAP and ASC members based on revised vignettes due to a shift in the most recent Medicare frequent diagnoses.

Microslide consultation services are common pathology services that are performed by a large number of pathologists. Approximately 20% of the CAP and 20% of ASC's valid practicing membership was surveyed. For CY 2015, 88321 has a Medicare physician fee schedule work RVU of 1.63. Below are the details of the survey effort.

		88321		88323		88325	
Survey List Used	**Email #**	**Time**	**WRVU**	**Time**	**WRVU**	**Time**	**WRVU**
ASC Member Random Sample	300	30	1.73	48	1.93	88	2.87
CAP Member Random Sample	2,500	50	1.65	65	1.90	100	2.80
Total Surveyed and Median results	2,800	50	1.70	60	1.90	90	2.85

CAP and ASC convened an expert panel composed of their Economic and Regulatory Affairs Committee members to review the survey results and compare the physician work to previously RUC valued services and multi-specialty points of comparison codes in regard to the physician work RVUs, time, and intensities. The CAP/ASC expert panel agreed that the combined survey data provides the best assistance in the valuation of 88321. Including all of the survey data from all survey sources allows for a sufficient number of respondents to make a meaningful recommendation. Survey respondents (52 respondents) and the expert panel agreed with the similarities of the surveyed codes and the key reference service 88307, with the surveyed code being more physician work than the key reference service. The intensity and complexity measures indicate this relationship as well, whereas nearly all intensity and complexity measures indicate the surveyed code involves more physician work than the key reference services. The key reference service, 88307, was valued at the April 2010 RUC meeting with a work RVU of 1.59 with 47 minutes of intra-service time.

The survey respondents chose surgical pathology code 88305 as its secondary reference code with 8 responses. This code had a work RVU of 0.75 for CY 2015. Survey respondents also chose surgical pathology codes 88309 (6 respondents, WRVU = 2.80) or 88362 (6 respondents, WRVU = 2.17). The intensity and complexity indicators for these 12 responses indicated 88321 has the identical or more physician work than 88309 or 88362. The CAP/ASC expert panel and survey respondents agreed that microslide consultations code 88321 is more physician work than the key reference code 88307 and less than codes 88309 and 88362.

Key Reference Codes	Responses	WRVU
88307	**24**	**1.59**
88305	**8**	**0.75**
88309	**6**	**2.80**
88362	**6**	**2.17**

In addition, the CAP and ASC expert panel compared the physician work to previously RUC valued services and multi-specialty points of comparison codes in regard to the physician work RVUs, time, and intensities. The group reviewed the following additional services to value CPT code 88321:

1) 88348 - Electron microscopy, diagnostic (work RVU = 1.51, intra-service time = 47 minutes, CMS crosswalk)
2) 88355 - Morphometric analysis; skeletal muscle (work RVU = 1.85, intra-service time = 57 minutes, CMS crosswalk)
3) 95861 - Needle electromyography; 2 extremities with or without related paraspinal areas (work RVU = 1.54, total time = 49 minutes, RUC reviewed 2/2012 MPC code)
4) 99221 - Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components:.. 30 minutes (RUC valued work RVU = 1.92, Total time = 50 minutes. intra-service time = 30 minutes, RUC valued Feb 2006)
5) 99460 - Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant ((work RVU = 1.92, Total time = 50 minutes, RUC reviewed Oct 2010)
6) 94011 - Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age (work RVU = 2.00, Intra-service time = 30, total time = 80, RUC reviewed April 2009)
7) 95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist (work RVU = 2.50, 36.5 minutes intra-service, 66.5 total time, RUC reviewed April 2010)
8) 99222 - Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 50 minutes (work RVU = 2.61, 40 minutes intra-service, 75 minutes total time, RUC reviewed Feb 2006)

The expert panel agreed on the median surveyed physician time of 50 minutes for 88321 and agreed that at this time there is no compelling evidence to increase the physician work RVU for this service. Therefore, the CAP and ASC agree to maintain the existing physician work RVU. The CAP and ASC **recommend a work RVU of 1.63 with an intra-service and total physician time of 50 minutes for CPT code 88321.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in

the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 88321

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pathology How often? Commonly

Specialty Clinical Laboratory How often? Sometimes

Specialty Dermatology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 353,894
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2015 RUC Database indicates 176, 947 claims for 2014. Medicare represents approximately 50% of the total claims. (176,947 x 2 = 353,894). Percentages are from the RUC database for the year 2014.

Specialty Pathology Frequency 233570 Percentage 65.99 %

Specialty Clinical Laboratory Frequency 86562 Percentage 24.45 %

Specialty Dermatology Frequency 32169 Percentage 9.09 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 176,947 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2015 RUC Database indicates 176, 947 claims for 2014. Percentages are from the RUC database for the year 2014.

Specialty Pathology Frequency 116785 Percentage 65.99 %

Specialty Clinical Laboratory Frequency 47281 Percentage 26.72 %

Specialty Dermatology Frequency 16085 Percentage 9.09 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 88321

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88323 Tracking Number Original Specialty Recommended RVU: **1.83**
Presented Recommended RVU: **1.83**
Global Period: XXX RUC Recommended RVU: **1.83**

CPT Descriptor: Consultation and report on referred material requiring preparation of slides

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old male presents with a pigmented skin lesion and undergoes biopsy. Microscopic examination reveals a melanocytic neoplasm with the differential diagnosis of dysplastic nevus versus melanoma. The routine microscopic slides and blocks are referred to a consultant pathologist. After examining the submitted microscopic slides, the consultant pathologist orders multiple deeper hematoxylin and eosin stained sections cut from the blocks and examines them with the microscope and renders a diagnosis.

Percentage of Survey Respondents who found Vignette to be Typical: 79%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Obtain and review clinical history and referral information, including referral letter and results of clinical testing. Review gross examination from submitted surgical pathology report. Examine submitted H&E and other immunohistochemical and special stains. Consider additional ancillary tests as well as H&E stained sections. Examine additional deeper H&E stained sections from block(s), and reassess if additional ancillary studies are warranted. Compare to previous study reports, render a diagnosis, and identify clinically meaningful information. Dictate and prepare pathology report. Sign-out report with any concurrent telephone communication with other professionals.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Jonathan Myles, MD, Swati Mehrotra, MD, Stephen Black-Schaffer, MD		
Specialty(s):	College of American Pathologists and American Society of Cytopathology		
CPT Code:	88323		
Sample Size:	2000	**Resp N:** 43	**Response:** 2.1 %
Description of Sample:	Random CAP and ASC members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	10.00	28.00	**50.00**	100.00	700.00
Survey RVW:	0.90	1.60	**1.90**	2.33	3.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	20.00	45.00	**60.00**	90.00	120.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88323	**Recommended Physician Work RVU: 1.83**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88307	XXX	1.59	**RUC Time**

CPT Descriptor Level V - Surgical pathology

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88309	XXX	2.80	**RUC Time**

CPT Descriptor Level VI - Surgical pathology

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92004	XXX	1.82	**RUC Time**	2,213,745

CPT Descriptor 1 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99460	XXX	1.92	**RUC Time**	3

CPT Descriptor 2 Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant

Other Reference CPT Code	Global	Work RVU	Time Source
77317	XXX	1.63	**RUC Time**

CPT Descriptor Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 44.1 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 41.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 88323	Top Key Reference CPT Code: 88307	2nd Key Reference CPT Code: **88309**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	60.00	47.00	90.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**60.00**	**47.00**	**90.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.63	0.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.68	0.56
Urgency of medical decision making	0.32	0.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.47	0.33
Physical effort required	0.37	0.28
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.58	0.39

Outcome depends on the skill and judgment of physician	0.74	0.61
Estimated risk of malpractice suit with poor outcome	0.42	0.67

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.89	0.89

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

In the 2016 NPRM, the CMS identified code 88321- *Consultation and report on referred slides prepared elsewhere* as potentially misvalued. The RUC requested this service be surveyed for physician work and the practice expense reviewed at the January, 2016 RUC meeting. For a complete evaluation of this service, the College of American Pathologists (CAP) and American Society of Cytopathology (ASC) requested codes 88323 - *Consultation and report on referred material requiring preparation of slides* and 88325 - *Consultation, comprehensive, with review of records and specimens, with report on referred material* be reviewed at the same meeting as part of the family. CPT codes 88321, 88323, and 88325 represent the microslide consultation family of pathology services.

The RUC's Research Subcommittee approved a change in the current standard physician work survey for microslide consultations, as there is no pre-service or post-service physician work for these services. Therefore, these questions were not used in the survey process. The RUC's Research Subcommittee also approved the survey population to include a random sample of CAP and ASC members based on revised vignettes due to a shift in the most recent Medicare frequent diagnoses.

Microslide consultation services are common pathology services that are performed by a large number of pathologists. Approximately 20% of the CAP and 20% of ASC's valid practicing membership was surveyed. For CY 2015, 88323 has a Medicare physician fee schedule work RVU of 1.83. Below are the details of the survey effort.

		88321		88323		88325	
Survey List Used	**Email #**	**Time**	**WRVU**	**Time**	**WRVU**	**Time**	**WRVU**
ASC Member Random Sample	300	30	1.73	48	1.93	88	2.87
CAP Member Random Sample	2,500	50	1.65	65	1.90	100	2.80
Total / Median Survey Results	2,800	50	1.70	60	1.90	90	2.85

CAP and ASC convened an expert panel composed of their Economic and Regulatory Affairs Committee members to review the survey results and compare the physician work to previously RUC valued services and multi-specialty points of comparison codes in regard to the physician work RVUs, time, and intensities. The CAP/ASC expert panel agreed that the combined survey data provides the best assistance in the valuation of 88323. Including all of the survey data from all survey sources allows for a sufficient number of respondents to make a meaningful recommendation. Survey respondents (43 respondents) and the expert panel agreed with the similarities of the surveyed codes and the key reference service 88307 with the surveyed code having more physician work than the key reference service. The intensity and complexity measures indicate this relationship as well, because all intensity and complexity measures indicate that the surveyed code involves more physician work than the key reference service. The key reference service, 88307, was valued at the April 2010 RUC meeting with a work RVU of 1.59 with 47 minutes of intra-service time.

The survey respondents chose surgical pathology code 88309 as its secondary reference code with 18 responses. This code has a work RVU of 2.80 for CY 2015. The survey respondents clearly indicated that the physician work of 88323

was greater than CPT code 88307. The CAP/ASC expert panel and survey respondents agreed that microslide consultations code 88323 is more work than the key reference code 88307 and less work than 88309.

In addition, the CAP and ASC expert panel compared the physician work to previously RUC valued services and multi-specialty points of comparison codes for the physician work RVUs, time, and intensities. The group reviewed the following additional services to value CPT code 88321:

1) 88348 - Electron microscopy, diagnostic (work RVU = 1.51, intra-service time = 47 minutes, CMS crosswalk)
2) 88355 - Morphometric analysis; skeletal muscle (work RVU = 1.85, intra-service time = 57 minutes, CMS crosswalk)
3) 95861 - Needle electromyography; 2 extremities with or without related paraspinal areas (work RVU = 1.54, total time = 49 minutes, RUC reviewed 2/2012 MPC code)
4) 92004 - Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits (work RVU = 1.82, total time = 40 minutes, intra-service time = 25 minutes, RUC valued February 2007, MPC code)
5) 99221 - Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components:.. 30 minutes (RUC valued work RVU = 1.92, Total time = 50 minutes. intra-service time = 30 minutes, RUC valued Feb 2006)
6) 99460 - Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant ((work RVU = 1.92, Total time = 50 minutes, RUC reviewed Oct 2010)
7) 94011 - Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age (work RVU = 2.00, Intra-service time = 30, total time = 80, RUC reviewed April 2009)
8) 95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist (work RVU = 2.50, 36.5 minutes intra-service, 66.5 total time, RUC reviewed April 2010)
9) 99222 - Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 50 minutes (work RVU = 2.61, 40 minutes intra-service, 75 minutes total time, RUC reviewed Feb 2006)

The expert panel agreed on the median surveyed physician time of 60 minutes for 88323 and agreed that at this time there is no compelling evidence to increase the physician work RVU for this service. The survey results support the existing RVU. The CAP and ASC **recommend maintaining the current work RVU of 1.83 and with a total physician time of 60 minutes for CPT code 88323.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Laboratory How often? Commonly

Specialty Pathology How often? Commonly

Specialty Dermatology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 70766
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2015 RUC Database indicates 35,383 claims for 2014. Medicare represents approximately 50% of the total claims. (35,383 x 2 = 70,766). Percentages are from the RUC database for the year 2014.

Specialty Clinical Laboratory Frequency 42028 Percentage 59.39 %

Specialty Pathology Frequency 24138 Percentage 34.10 %

Specialty Dermatology Frequency 3078 Percentage 4.34 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 35,383 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2015 RUC Database indicates 35,383 claims for 2014. Percentages are from the RUC database for the year 2014.

Specialty Clinical Laboratory Frequency 21014 Percentage 59.39 %

Specialty Pathology Frequency 12069 Percentage 34.10 %

Specialty Dermatology Frequency 1939 Percentage 5.48 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 88323

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:88325 Tracking Number Original Specialty Recommended RVU: **2.50**
Presented Recommended RVU: **2.85**
Global Period: XXX RUC Recommended RVU: **2.85**

CPT Descriptor: Consultation, comprehensive, with review of records and specimens, with report on referred material

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female presents with a liver mass and undergoes needle core biopsy. Microscopic examination reveals a tumor composed of poorly differentiated malignant cells. Immunohistochemical stains are performed to determine the cell of origin but the results are inconclusive. Slides including H&E stained slides and paraffin blocks as well as multiple immunohistochemical stained slides, and medical records including lab and imaging studies and history and physical examination findings are referred to a consulting pathologist who renders a diagnosis.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Obtain and review clinical history and referral information, including referral letter; radiographic reports and images as applicable; and results of other clinical testing. Review gross examination from submitted surgical pathology report. Examine submitted H&E and other immunohistochemical and special stains. Obtain deeper hematoxylin and eosin stained sections and consider additional ancillary tests. Compare to previous study reports, render a diagnosis, and identify clinically meaningful information. Dictate and prepare pathology report. Sign-out report and conduct any concurrent telephone communication with other professionals, if performed.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Jonathan Myles, MD, Swati Mehrotra, MD, Stephen Black-Schaffer, MD		
Specialty(s):	College of American Pathologists and American Society of Cytopathology		
CPT Code:	88325		
Sample Size:	2800	**Resp N:** 39	**Response:** 1.3 %
Description of Sample:	Random CAP and ASC members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	10.00	12.00	**30.00**	50.00	400.00
Survey RVW:	1.60	2.60	**2.85**	3.00	8.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	40.00	60.00	**90.00**	120.00	180.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	88325	**Recommended Physician Work RVU: 2.85**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88309	XXX	2.80	**RUC Time**

CPT Descriptor Level VI - Surgical pathology,

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
88307	XXX	1.59	**RUC Time**

CPT Descriptor Level V - Surgical pathology

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99336	XXX	2.46	**RUC Time**	1,086,479

CPT Descriptor 1 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99343	XXX	2.53	**RUC Time**	58,586

CPT Descriptor 2 Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
95810	XXX	2.50	**RUC Time**

CPT Descriptor Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

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RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 36 **% of respondents:** 92.3 **%**

Number of respondents who choose 2nd Key Reference Code: 2 **% of respondents:** 5.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 88325	Top Key Reference CPT Code: 88309	2nd Key Reference CPT Code: **88307**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	90.00	90.00	47.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**90.00**	**90.00**	**47.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.83	1.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.03	1.50
Urgency of medical decision making	0.61	-0.50

Technical Skill/Physical Effort (Mean)

Technical skill required	0.69	1.00
Physical effort required	0.50	1.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.56	-0.50
Outcome depends on the skill and judgment of physician	0.92	-0.50
Estimated risk of malpractice suit with poor outcome	0.56	0.00

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.31	1.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

In the 2016 NPRM, the CMS identified code 88321- *Consultation and report on referred slides prepared elsewhere* as potentially misvalued. The RUC requested this service be surveyed for physician work and the practice expense reviewed at the January, 2016 RUC meeting. For a complete evaluation of this service, the College of American Pathologists (CAP) and American Society of Cytopathology (ASC) requested codes 88323 - *Consultation and report on referred material requiring preparation of slides* and 88325 - *Consultation, comprehensive, with review of records and specimens, with report on referred material* be reviewed at the same meeting as part of the family. CPT codes 88321, 88323, and 88325 represent the microslide consultation family of pathology services.

The RUC's Research Subcommittee approved a change in the current standard physician work survey for microslide consultations, as there is no pre-service or post-service physician work for these services. Therefore, these questions were not used in the survey process. The RUC's Research Subcommittee also approved the survey population to include a random sample of CAP and ASC members based on revised vignettes due to a shift in the most recent Medicare frequent diagnoses.

Microslide consultation services are common pathology services that are performed by a large number of pathologists. Approximately 20% of the CAP and 20% of ASC's valid practicing membership was surveyed. For CY 2015, 88325 has a Medicare physician fee schedule work RVU of 2.50. Below are the details of the survey effort.

		88321		88323		88325	
Survey List Used	**Email #**	**Time**	**WRVU**	**Time**	**WRVU**	**Time**	**WRVU**
ASC Member Random Sample	300	30	1.73	48	1.93	88	2.87

CAP Member Random Sample	2,500	50	1.65	65	1.90	100	2.80
Total Surveyed/Respondents	2,800	50	1.70	60	1.90	90	2.85

CAP and ASC convened an expert panel composed of their Economic and Regulatory Affairs Committee members to review the survey results and compare the physician work to previously RUC valued services and multi-specialty points of comparison codes for the physician work RVUs, time, and intensities. The CAP/ASC expert panel agreed that the combined survey data provides the best assistance in the valuation of 88325. Including all of the survey data from all survey sources allows for a sufficient number of respondents to make a meaningful recommendation. Survey respondents (39 respondents) and the expert panel agreed with the similarities of the surveyed codes and the key reference service 88309. The intensity and complexity measures indicate this relationship as well, because all intensity and complexity measures indicate the surveyed code involves more physician work than the key reference service. The key reference service, 88309, was valued at the April 2010 RUC meeting with a work RVU of 2.80 with 90 minutes of intra-service time.

The survey respondents chose surgical pathology code 88307 as its secondary reference code with 2 responses. This code had a work RVU of 1.59 for CY 2015. The survey respondents clearly indicated that the physician work of 88325 was greater than CPT code 88307. The CAP/ASC expert panel and survey respondents agreed that microslide consultations code 88325 services is more work than the secondary reference code 88307 and less work than its key reference service 88309.

In addition, the CAP and ASC expert panel compared the physician work to previously RUC valued services and multi-specialty points of comparison codes in regard to the physician work RVUs, time, and intensities. The group reviewed the following additional services to value CPT code 88321:

1) 88348 - Electron microscopy, diagnostic (work RVU = 1.51, intra-service time = 47 minutes, CMS crosswalk)
2) 88355 - Morphometric analysis; skeletal muscle (work RVU = 1.85, intra-service time = 57 minutes, CMS crosswalk)
3) 95861 - Needle electromyography; 2 extremities with or without related paraspinal areas (work RVU = 1.54, total time = 49 minutes, RUC reviewed 2/2012 MPC code)
4) 99221 - Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components:.. 30 minutes (RUC valued work RVU = 1.92, Total time = 50 minutes. intra-service time = 30 minutes, RUC valued Feb 2006)
5) 99460 - Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant ((work RVU = 1.92, Total time = 50 minutes, RUC reviewed Oct 2010)
6) 94011 - Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age (work RVU = 2.00, Intra-service time = 30, total time = 80, RUC reviewed April 2009)
7) 95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist (work RVU = 2.50, 36.5 minutes intra-service, 66.5 total time, RUC reviewed April 2010)
8) 99222 - Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: 50 minutes (work RVU = 2.61, 40 minutes intra-service, 75 minutes total time, RUC reviewed Feb 2006)

The expert panel agreed on the median surveyed physician time of 90 minutes for 88323 and agreed that at this time there is no compelling evidence to increase the physician work RVU for this service. The survey results support the existing RVU. The CAP and ASC **recommend maintaining the current work RVU of 2.50 and with a total physician time of 90 minutes for CPT code 88325.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Laboratory How often? Commonly

Specialty Dermatology How often? Commonly

Specialty Clinical Laboratory How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 14022
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2015 RUC Database indicates 7,011 claims for 2014. Medicare represents approximately 50% of the total claims. (7,011 x 2 = 14,022). Percentages are from the RUC database for the year 2014.

Specialty Pathology Frequency 7980 Percentage 56.91 %

Specialty Dermatology Frequency 3283 Percentage 23.41 %

Specialty Clinical Laboratory Frequency 2387 Percentage 17.02 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,011
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The Medicare volume from the 2015 RUC Database indicates 7,011 claims for 2014. Percentages are from the RUC database for the year 2014.

Specialty Pathology Frequency 3990 Percentage 56.91 %

Specialty Dermatology Frequency 1647 Percentage 23.49 %

Specialty Clinical Laboratory Frequency 1193 Percentage 17.01 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 88325

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Microslide Consultation

TAB: 43

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX
1st REF	88307	Level V - Surgical pathology,	24	0.034			1.59			47			47		
2nd REF	88305	Level IV - Surgical pathology,	8	0.030			0.75			25			25		
CURRENT	88321	Consultation and report on referred slides prepared elsewhere		0.033			1.63			50			50		
SVY	88321	Consultation and report on referred slides prepared elsewhere	52	0.034	0.75	1.39	1.70	1.84	3.00	50	20	30	50	60	90
REC	88321	Consultation and report on referred slides prepared elsewhere		0.033			1.63			50			50		

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX
1st REF	88307	Level V - Surgical pathology,	19	0.034			1.59			47			47		
2nd REF	88309	Level VI - Surgical pathology,	18	0.031			2.80			90			90		
CURRENT	88323	Consultation and report on referred material requiring preparation of slides		0.033			1.83			56			56		
SVY	88323	Consultation and report on referred material requiring preparation of slides	43	0.032	0.90	1.60	1.90	2.33	3.00	60	20	45	60	90	120
REC	88323	Consultation and report on referred material requiring preparation of slides		0.031			1.83			60			60		

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX
1st REF	88309	Level VI - Surgical pathology,	36	0.031			2.80			90			90		
2nd REF	88307	Level V - Surgical pathology,	2	0.034			1.59			47			47		
CURRENT	88325	Consultation, comprehensive, with review of records and specimens, with report on referred material		0.031			2.50			80			80		
SVY	88325	Consultation, comprehensive, with review of records and specimens, with report on referred material	39	0.032	1.60	2.60	2.85	3.00	8.00	90	40	60	90	120	180
REC	88325	Consultation, comprehensive, with review of records and specimens, with report on referred material		0.032			2.85			90			90		

42 &43____
Tab Numbers

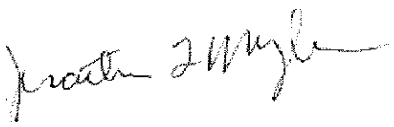
Flow Cytometry Services and Microslide Consultations__
Issues

88184-5, and 88187-9__88321 -88325___
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



__
Signature

_Jonathan Myles, MD
Printed Signature

__College of American Pathologists
Specialty Society

__12/15/2015
Date

43____
Tab Number

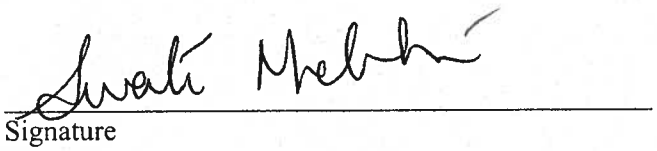
Microslide Consultations___
Issue

__88321 -88325___
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

_Swati Mehrotra, MD
Printed Signature

__American Society of Cytopathology
Specialty Society

__12/15/2015
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
88321 - Consultation and report on referred slides prepared elsewhere
88323 - Consultation and report on referred material requiring preparation of slides
88325 - Consultation, comprehensive, with review of records and specimens, with report on referred material

Global Period:_XXX Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The College of American Pathologists (CAP) and the American Society of Cytopathology (ASC) assembled an expert panel composed of individuals who perform these services or have other expertise in the area. This expert panel was consulted through a series of conference calls in order to develop the typical practice expense inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: Previous April 2014 RUC recommendations and current PE direct inputs are used as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: The CAP and ASC are not recommending any increases above what the RUC had recommended in April 2014 or what CMS now has in their 2016 database for these services. It is now typical standard practice for the patient to be fully registered into the laboratory information system (i.e. both Epic and Copath), which are time consuming tasks. It is also typical to have multiple specimen slides for each patient case.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: As these services have evolved through changes in the typical patient (Medicare ICD9 code shifts) the vignettes have been updated and approved by the research subcommittee, and the direct inputs reflect what is typical for the vignette.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
None

Intra-Service Clinical Labor Activities:
Laboratory technicians open shipping packages, remove and sort slides based on outside number, hand prepare labels for outside slides, label outside slides, and distribute slides and paperwork to the pathologist. They will also accession specimen within both the hospital medical records system and the pathology laboratory system(s), and prepare for examination. They will finally perform screening functions

and then send the materials to the histology laboratory.

Histotechnologists will prepare the slide sectioning and recuts, perform quality control functions, and maintain specimen tracking, logs, and labeling. In addition, histotechnologists will prepare the automated stainer with solutions and load microscopic slides. They will set and confirm stainer program and also complete workload recording logs, collate slides, and complete paperwork. The histotechnologist will also make sure the equipment is clean while performing this service. The histotechnologist then assembles and delivers the slides and paperwork to pathologist. Phone calls for clarifications and/or additional materials are also made by the histotechnologist.

Post-Service Clinical Labor Activities:
Laboratory technicians prepare, pack, and transport the specimens and records for storage (internal and/or external where applicable). They also dispose of remaining specimens, recycle or dispose of chemicals, consumables, or hazardous waste. Laboratory technicians clean the room and equipment following procedure and perform any equipment maintenance that must be done after the procedure. Laboratory technicians also securely package and return the outside material as necessary.

CPT Code:_88321, 88323, 88325
Specialty Society('s)_CAP, ASC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor:
88321 - Consultation and report on referred slides prepared elsewhere
88323 - Consultation and report on referred material requiring preparation of slides
88325 - Consultation, comprehensive, with review of records and specimens, with report on referred material

Global Period:_XXX Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The College of American Pathologists (CAP) and the American Society of Cytopathology (ASC) assembled an expert panel composed of individuals who perform these services or have other expertise in the area. This expert panel was consulted through a series of conference calls in order to develop the typical practice expense inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: **The CAP recommends no direct practice expense inputs in the facility setting.**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: See #2

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: See #2

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

N/A

	A	B	C	E	G	H	I	K	L	M
1				April-2014 RUC Recommended	Current CMS Inputs	RUC Recommended	April-2014 RUC Recommended	Current CMS Inputs	RUC Recommended	April-2014 RUC Recommended
2				88321	88321	88321	88323	88323	88323	88325
3	**Meeting Date: January 2016** **Tab: 43** **Specialty: CAP & ASC**	**CMS Code**	**Staff Type**	Consultation and report on referred slides prepared elsewhere	Consultation and report on referred slides prepared elsewhere	Consultation and report on referred slides prepared elsewhere	Consultation and report on referred material requiring preparation of slides	Consultation and report on referred material requiring preparation of slides	Consultation and report on referred material requiring preparation of slides	Consultation, comprehensive, with review of records and specimens, with report on referred material
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L033A**	**Lab Tech**	**26.0**	**14.0**	**15.0**	**29.0**	**21.0**	**23.0**	**29.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037B**	**Histo Tech**	**0.0**	**3.0**	**4.0**	**12.0**	**10.0**	**11.0**	**12.0**
8	**TOTAL INTRAPRE-SERV CLINICAL LABOR TIME**	**L033A**	**Lab Tech**	**20.0**	**8.0**	**9.0**	**20.0**	**12.0**	**14.0**	**20.0**
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037B**	**Histo Tech**	**0.0**	**3.0**	**4.0**	**12.0**	**10.0**	**11.0**	**12.0**
10	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L033A**	**Lab Tech**	**6.0**	**6.0**	**6.0**	**9.0**	**9.0**	**9.0**	**9.0**
11	**PRE-SERVICE**									
12	**Start: Following visit when decision for surgery or procedure made**									
17	*Other Clinical Activity - *specify:*									
18	**End: When patient enters office/facility for surgery/procedure**									
19	**SERVICE PERIOD**									
20	**PRE-SERVICE**									
21	**Start: When containers/requisitions prepared for physician**									
22	Open shipping package, remove and sort slides based on outside number, and hand label outside paperwork.	**L033A**	**Lab Tech**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
23	Accession specimen/prepare for examination (register patient into hospital system, as these have not been previsously admit, these are outside consult patients)	**L033A**	**Lab Tech**	**4**	**0**	**0**	**4**	**4**	**4**	**4**
24	Register the patient in the information system, including all demographic and billing information. In addition to standard accessioning, enter contributing physician name and address, number of slides and the outside case number, etc, into the laboratory information system. Print labels for slides, and affix labels to slides. (And for 88323 and 88325 [blocks being typical for both]) Print label for outside block and affix to block. (And for 88323, 88325) List and label all accompanying material (imaging on a disk, portion of chart, etc.) (88325 only)	**L033A**	**Lab Tech**	**13**	**5**	**6**	**13**	**5**	**7**	**13**
25	Perform screening function (where applicable)	**L033A**	**Lab Tech**							
26	Other Clinical Activity (please specify)									
27	**End:When specimen is ready for examination by pathologist**									
28	**SERVICE PERIOD**									
29	**Start: When specimen is ready for examination by pathologist**									
33	Slide preparation sectioning and recuts, quality control function, maintaining specimen tracking, logs and labeling	**L037B**	**Histo Tech**				**4**	**4**	**4**	**4**
34	Prepare automated stainer with solutions and load microscopic slides. Set and confirm stainer program.	**L037B**	**Histo Tech**				**1**	**1**	**1**	**1**

	A	B	C	E	G	H	I	K	L	M
1				April-2014 RUC Recommended	Current CMS Inputs	RUC Recommended	April-2014 RUC Recommended	Current CMS Inputs	RUC Recommended	April-2014 RUC Recommended
2				88321	88321	88321	88323	88323	88323	88325
3	**Meeting Date: January 2016** **Tab: 43** **Specialty: CAP & ASC**	**CMS Code**	**Staff Type**	Consultation and report on referred slides prepared elsewhere	Consultation and report on referred slides prepared elsewhere	Consultation and report on referred slides prepared elsewhere	Consultation and report on referred material requiring preparation of slides	Consultation and report on referred material requiring preparation of slides	Consultation and report on referred material requiring preparation of slides	Consultation, comprehensive, with review of records and specimens, with report on referred material
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
35	Prepare automated coverslipper, remove slides from stainer and place on coverslipper	**L037B**	**Histo Tech**				**1**	**1**	**1**	**1**
36	Complete workload recording logs. Collate slides and paperwork. Deliver to pathologist.	**L037B**	**Histo Tech**				**1**			**1**
37	Assemble and deliver slides with paperwork to pathologists	**L037B**	**Histo Tech**			**1**	**1**	**0**	**1**	**1**
38	Clean room/equipment whiile performing service	**L037B**	**Histo Tech**							
39	Clean equipment whiile performing service	**L037B**	**Histo Tech**				**1**	**1**	**1**	**1**
40	Coordinate care									
41	Phone calls for clarifications and/or additional materials	**L037B**	**Histo Tech**		**3**	**3**	**3**	**3**	**3**	**3**
42	**End: When specimen examination by pathologist is complete**									
43	**POST-SERVICE Period**									
44	**Start: When specimen examination by pathologist is complete**									
45	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)	**L033A**	**Lab Tech**				**2**	**2**	**2**	**2**
46	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste						**1**	**1**	**1**	**1**
47	Clean room/equuipment following procedure (including any equipment maintenance tha must be done after the procedure)	**L033A**	**Lab Tech**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
48	Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation									
49	Securely package and return outside material.	**L033A**	**Lab Tech**	**5**	**5**	**5**	**5**	**5**	**5**	**5**
50	Other Activity (please specify)									
51	**End: When specimen, chemical waste and record handling is complete**									

	A	B	C	E	G	H	I	K	L	M
1				April-2014 RUC Recommended	Current CMS Inputs	RUC Recommended	April-2014 RUC Recommended	Current CMS Inputs	RUC Recommended	April-2014 RUC Recommended
2				88321	88321	88321	88323	88323	88323	88325
3	**Meeting Date: January 2016** **Tab: 43** **Specialty: CAP & ASC**	**CMS Code**	**Staff Type**	Consultation and report on referred slides prepared elsewhere	Consultation and report on referred slides prepared elsewhere	Consultation and report on referred slides prepared elsewhere	Consultation and report on referred material requiring preparation of slides	Consultation and report on referred material requiring preparation of slides	Consultation and report on referred material requiring preparation of slides	Consultation, comprehensive, with review of records and specimens, with report on referred material
4	**LOCATION**			Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
5	**GLOBAL PERIOD**			XXX	XXX	XXX	XXX	XXX	XXX	XXX
52	**MEDICAL SUPPLIES****	**CODE**	**UNIT**							
53	gloves, non-sterile, nitrile	SB023	pair				2	2	2	2
54	gown, staff, impervious	SB027	item				0.1	0.1	0.1	0.1
55	blade, microtome	SF004	item				0.2	0.2	0.2	0.2
56	alcohol, ethyl, denatured	SL006	ml				0	0	0	0
57	bleach	SL020	ml				10	10	10	10
58	cover slip, glass	SL030	item				2	2	2	2
59	stain, eosin	SL201	ml					8	8	
60	eosin solution	SL063*	ml				8			8
61	histology freezing spray (Freeze-It)	SL078	oz				0.2	0.2	0.2	0.2
62	label for microscope slides	SL085	item	10	10	10	20	20	20	20
63	mounting media (Histomount)	SL095	ml				2	2	2	2
64	slide container (for 20 microscope slides)	SL120	item	1	1	1	1	1	1	1
65	slide, microscope	SL122	item				2	2	2	2
66	stain, hematoxylin	SL135	ml				32	16	32	32
67	waterbath reagent	SL149	ml				0	0	0	0
68	xylenes solvent	SL151	ml				60	60	60	60
69	ethanol, 100%	SL189	ml				60	60	60	60
70	ethanol, 70%	SL190	ml				8	8	8	8
71	ethanol, 95%	SL248	ml				36	36	36	36
72	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item				2	2	2	2
73	**EQUIPMENT**	**CODE**								
74	hood, ventilator with blower	EP019					1	1	1	1
75	microscope, compound	EP024		50	50	50	56	56	56	80
76	slide coverslipper, robotic	EP033					6	6	6	6
77	slide dryer	EP034					1	1	1	1
78	slide etcher-labeler	EP035					1	1	1	1
79	slide stainer, automated, high-volume throughput	EP036					12	12	12	12
80	solvent recycling system	EP038					4	4	4	4
81	water bath, general purpose (lab)	EP043					6	6	6	6
82	microtome	ER041					6	6	6	6

	A	B	C	N	O
1				**Current CMS Inputs**	**RUC Recommended**
2				**88325**	**88325**
3	**Meeting Date: January 2016** **Tab: 43** **Specialty: CAP & ASC**	**CMS Code**	**Staff Type**	Consultation, comprehensive, with review of records and specimens, with report on referred	Consultation, comprehensive, with review of records and specimens, with report on referred
4	**LOCATION**			**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	**L033A**	**Lab Tech**	**14.0**	**23.0**
7	**TOTAL CLINICAL LABOR TIME**	**L037B**	**Histo Tech**	**4.0**	**11.0**
8	**TOTAL INTRAPRE-SERV CLINICAL LABOR TIME**	**L033A**	**Lab Tech**	**8.0**	**15.0**
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037B**	**Histo Tech**	**4.0**	**11.0**
10	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L033A**	**Lab Tech**	**6.0**	**8.0**
11	**PRE-SERVICE**				
12	**Start: Following visit when decision for surgery or procedure made**				
17	*Other Clinical Activity - *specify:*				
18	**End: When patient enters office/facility for surgery/procedure**				
19	**SERVICE PERIOD**				
20	**PRE-SERVICE**				
21	**Start: When containers/requisitions prepared for physician**				
22	Open shipping package, remove and sort slides based on outside number, and hand label outside paperwork.	**L033A**	**Lab Tech**	**3**	**3**
23	Accession specimen/prepare for examination (register patient into hospital system, as these have not been previsously admit, these are outside consult patients)	**L033A**	**Lab Tech**	**0**	**4**
24	Register the patient in the information system, including all demographic and billing information. In addition to standard accessioning, enter contributing physician name and address, number of slides and the outside case number, etc, into the laboratory information system. Print labels for slides, and affix labels to slides. (And for 88323 and 88325 [blocks being typical for both]) Print label for outside block and affix to block. (And for 88323, 88325) List and label all accompanying material (imaging on a disk, portion of chart, etc.) (88325 only)	**L033A**	**Lab Tech**	**5**	**8**
25	Perform screening function (where applicable)	**L033A**	**Lab Tech**		
26	Other Clinical Activity (please specify)				
27	**End:When specimen is ready for examination by pathologist**				
28	**SERVICE PERIOD**				
29	**Start: When specimen is ready for examination by pathologist**				
33	Slide preparation sectioning and recuts, quality control function, maintaining specimen tracking, logs and labeling	**L037B**	**Histo Tech**	**0**	**4**
34	Prepare automated stainer with solutions and load microscopic slides. Set and confirm stainer program.	**L037B**	**Histo Tech**	**0**	**1**

	A	B	C	N	O
1				**Current CMS Inputs**	**RUC Recommended**
2				**88325**	**88325**
3	**Meeting Date: January 2016** **Tab: 43** **Specialty: CAP & ASC**	**CMS Code**	**Staff Type**	Consultation, comprehensive, with review of records and specimens, with report on referred	Consultation, comprehensive, with review of records and specimens, with report on referred
4	**LOCATION**			**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**
35	Prepare automated coverslipper, remove slides from stainer and place on coverslipper	**L037B**	**Histo Tech**	**0**	**1**
36	Complete workload recording logs. Collate slides and paperwork. Deliver to pathologist.	**L037B**	**Histo Tech**		
37	Assemble and deliver slides with paperwork to pathologists	**L037B**	**Histo Tech**	**1**	**1**
38	Clean room/equipment whiile performing service	**L037B**	**Histo Tech**		
39	Clean equipment whiile performing service	**L037B**	**Histo Tech**	**0**	**1**
40	Coordinate care				
41	Phone calls for clarifications and/or additional materials	**L037B**	**Histo Tech**	**3**	**3**
42	**End: When specimen examination by pathologist is complete**				
43	**POST-SERVICE Period**				
44	**Start: When specimen examination by pathologist is complete**				
45	Prepare, pack and transport specimens and records for in-house storage and external storage (where applicable)	**L033A**	**Lab Tech**	**0**	**1**
46	Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste			**0**	**1**
47	Clean room/equuipment following procedure (including any equipment maintenance tha must be done after the procedure)	**L033A**	**Lab Tech**	**1**	**1**
48	Manage any relevant utilization review/quality assurance activities and regulatory compliance documentation				
49	Securely package and return outside material.	**L033A**	**Lab Tech**	**5**	**5**
50	Other Activity (please specify)				
51	**End: When specimen, chemical waste and record handling is complete**				

	A	B	C	N	O
1				**Current CMS Inputs**	**RUC Recommended**
2				**88325**	**88325**
3	**Meeting Date: January 2016** **Tab: 43** **Specialty: CAP & ASC**	**CMS Code**	**Staff Type**	Consultation, comprehensive, with review of records and specimens, with report on referred	Consultation, comprehensive, with review of records and specimens, with report on referred
4	**LOCATION**			**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**
52	**MEDICAL SUPPLIES****	**CODE**	**UNIT**		
53	gloves, non-sterile, nitrile	SB023	pair		**2**
54	gown, staff, impervious	SB027	item		**0.1**
55	blade, microtome	SF004	item		**0.2**
56	alcohol, ethyl, denatured	SL006	ml		**0**
57	bleach	SL020	ml		**10**
58	cover slip, glass	SL030	item		**2**
59	stain, eosin	SL201	ml		**8**
60	eosin solution	SL063*	ml		
61	histology freezing spray (Freeze-It)	SL078	oz		**0.2**
62	label for microscope slides	SL085	item	**10**	**20**
63	mounting media (Histomount)	SL095	ml		**2**
64	slide container (for 20 microscope slides)	SL120	item	**1**	**1**
65	slide, microscope	SL122	item		**2**
66	stain, hematoxylin	SL135	ml		**32**
67	waterbath reagent	SL149	ml		**0**
68	xylenes solvent	SL151	ml		**60**
69	ethanol, 100%	SL189	ml		**60**
70	ethanol, 70%	SL190	ml		**8**
71	ethanol, 95%	SL248	ml		**36**
72	wipes, lens cleaning (per wipe) (Kimwipe)	SM027	item		**2**
73	**EQUIPMENT**	**CODE**			
74	hood, ventilator with blower	EP019			**1**
75	microscope, compound	EP024		**80**	**80**
76	slide coverslipper, robotic	EP033			**6**
77	slide dryer	EP034			**1**
78	slide etcher-labeler	EP035			**1**
79	slide stainer, automated, high-volume throughput	EP036			**12**
80	solvent recycling system	EP038			**4**
81	water bath, general purpose (lab)	EP043			**6**
82	microtome	ER041			**6**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Gastrointestinal Tract Imaging

In the Final Rule for 2016 CMS re-ran the screen for 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. CPT code 91110 was identified by this screen and CPT code 91111 was included as part of the family. These services were presented for review of physician work and practice expense at the January 2016 RUC meeting.

91110 ***Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report***
The RUC reviewed the survey results from 76 gastroenterologists and agreed with the following physician time components: pre-service time of 5 minutes (pre-time package 5 with 2 minutes removed from pre-service evaluation and 1 minute removed from scrub/dress/wait), intra-service time of 45 minutes and post-service time of 15 minutes.

The RUC reviewed the survey 25th percentile work RVU of 2.49 and agreed with the specialty society that this value appropriately accounts for the physician work required to perform this service. The RUC noted that the magnitude of reduction in work RVUs from 3.64 to 2.49 is justified when considering the corresponding reductions in intra-service and total physician time. The RUC compared the survey code to top key reference code 91112 *Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report* (work RVU=2.10, intra-service time of 40 minutes, total time of 60 minutes) and noted that the survey code requires more intra-service time (45 minutes vs. 40 minutes) and somewhat more work, supporting a higher value for the survey code. To further support a work RVU of 2.49, the RUC reviewed MPC code 99336 *Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver* (work RVU= 2.46, intra-service time of 40 minutes, total time of 65) and noted that noted that the survey code requires more intra-service time (45 minutes vs. 40 minutes), identical intra-service time and a similar amount of physician work. **The RUC recommends a work RVU of 2.49 for CPT code 91110.**

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91111 ***Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report***
The RUC reviewed the survey results from 34 gastroenterologists and agreed with the following physician time components: pre-service time of 5 minutes (pre-time package 5 with 2 minutes removed from pre-service evaluation and 1 minute removed from scrub/dress/wait), intra-service time of 18 minutes and post-service time of 15 minutes.

The RUC reviewed the survey 25th percentile physician work RVU of 1.50 and agreed with the specialty society that the current value of 1.00 is appropriate for this service. In addition, the specialty society stated that they did not believe there was compelling evidence to increase the existing value of this service. To justify a work RVU of 1.00, the RUC compared the survey code to MPC code 99238 *Hospital discharge day management; 30 minutes or less* (work RVU= 1.28, intra-service time of 20 minutes, total time of 38 minutes) and noted that both services have similar intra-service times, identical total times and involve a similar amount of physician work. The RUC also reviewed MPC code *Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less* (work RVU= 1.01, intra-service time of 15 minutes, total time of 36 minutes) and noted that the survey code has more intra-service time and total time, further supporting a work RVU of 1.00 for the survey code. **The RUC recommends a work RVU of 1.00 for CPT code 91111.**

Practice Expense
For CPT codes 91110 and 91111 the clinical staff time on line 44 for *Other Clinical Activity: recharge batteries, initiate data download to workstation, create image archive* is distinct from the longer download time captured in the equipment minutes. This time is to start the data process and start downloading images into the workstation. For 91110, line 72, *video system, capsule endoscopy (software, computer, monitor, printer),* at 94 minutes includes a download time of 80 minutes. This is outlined in the Download Time for PillCam SB3 document included in the submission and it is the shortest download time for the video system needed for this service. Line 73, *kit, capsule endoscopy recorder* requires a recording time of 8 hours for the test plus 80 minutes download time. Typically, the patient comes in at 7am and returns at 4pm and multiple patients may return to the office at the same time. The video system (computer) has docking stations for multiple capsule recorders; however, the computer downloads the data from each capsule recorder in sequence because the equipment is not capable of downloading from multiple capsule recorders at the same time. For 91111, line 72, *video system, capsule endoscopy (software, computer, monitor, printer),* at 29 minutes includes a download time of 15 minutes. This is the shortest download time for the video system needed for this service. It is the time that the capsule recorder is synced to the video system. For line 73, *kit, capsule endoscopy recorder*, there is no additional recording time because the patient remains in the office, however, 15 minutes of download time is necessary. The RUC approved the revised direct practice expense inputs as modified by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	XXX	2.49
91111 (f)	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	XXX	1.00 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:91110 Tracking Number Original Specialty Recommended RVU: **2.49**
Presented Recommended RVU: **2.49**
Global Period: XXX RUC Recommended RVU: **2.49**

CPT Descriptor: Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year old patient with recurrent, obscure gastrointestinal bleeding not diagnosed by other imaging and endoscopic procedures is referred for evaluation. Wireless capsule endoscopy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Assess for possible contraindications such as presence of pacemaker, active bowel obstruction or swallowing disorder. Provide education to patient on the nature of the procedure, why it is being performed and possible complications. Provide instructions to patient on preparation for the procedure—fasting, clothing to wear, etc.

Description of Intra-Service Work: The physician reviews the images with the localization software activated to input the esophagogastric junction, pylorus, and ileocecal valve locations. The physician scans the study and keys anatomic landmarks annotated (e.g., esophagogastric junction, duodenum, ileocecal valve) permitting identification of potentially positive findings and determination of gastric and small bowel emptying times. Once the landmarks have been determined, all the images are viewed. When the physician identifies an abnormality, a "thumbnail" is created. Key findings or abnormalities are noted. Localization is determined by passage of time or by capsule localization software.

Description of Post-Service Work: Upon completion of review of all images and formulating an interpretation, the physician prepares a report. The findings are communicated to the patient and a copy of the report is sent to the referring physician. The referring physician may also be contacted to discuss the findings.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	R. Bruce Cameronn, MD (ACG), Dawn L. Francis, MD (AGA), Shivan Mehta, MD (AGA), Seth A. Gross, MD (ASGE), Vivk Kaul, MD (ASGE)		
Specialty(s):	American College of Gastroenterology, American Gastroenterological Association, American Society for Gastrointestinal Endoscopy		
CPT Code:	91110		
Sample Size:	3002	**Resp N:** 76	**Response:** 2.5 %
Description of Sample:	The ACG, AGA and ASGE conducted a simple random sample of the societies' general U.S. members, excluding retired members, trainees and the societies' RUC Advisors.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	30.00	240.00
Survey RVW:	2.00	2.49	**3.29**	4.00	11.05
Pre-Service Evaluation Time:			**18.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	7.00	34.00	**45.00**	60.00	160.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	91110	**Recommended Physician Work RVU: 2.49**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**7.00**	**-2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**1.00**	**-1.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
91112	XXX	2.10	**RUC Time**

CPT Descriptor Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
91117	XXX	2.45	**RUC Time**

CPT Descriptor Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99336	XXX	2.46	**RUC Time**	1,084,564

CPT Descriptor 1 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99222	XXX	2.61	**RUC Time**	6,965,104

CPT Descriptor 2 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 30.2 **%**

Number of respondents who choose 2nd Key Reference Code: 17 **% of respondents:** 22.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 91110	**Top Key Reference CPT Code:** 91112	**2nd Key Reference CPT Code:** **91117**
Median Pre-Service Time	5.00	5.00	15.00
Median Intra-Service Time	45.00	40.00	60.00
Median Immediate Post-service Time	15.00	15.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**65.00**	**60.00**	**105.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.96	1.24
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.78	0.76

Urgency of medical decision making	1.04	1.35

Technical Skill/Physical Effort (Mean)

Technical skill required	0.74	0.35
Physical effort required	0.57	0.35

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.57	0.35
Outcome depends on the skill and judgment of physician	0.87	0.82
Estimated risk of malpractice suit with poor outcome	1.04	1.00

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.04	0.88

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The ACG, AGA and ASGE conducted a RUC survey and received 76 responses. The specialty consensus panel spent a significant amount of time reviewing the survey data, comparing the data for GI tract capsule endoscopy code 91110 to similar GI tests.

Pre-time Package 1a

- **Evaluation**: Removal of 8 minutes from the pre-time package – 5 minutes
- **Positioning**: Removal of all positioning time – 0 minutes
- **Scrub, dress, wait:** Removal of all positioning time – 0 minutes

Comparison to Primary Key Reference Code

- Intra and total time is greater for 91110 than the primary key reference service code, 91112
- Surveyees ranked 91110 as more intense and complex than 91112 in all measures

The primary key reference code selected by surveyees was 91112, *Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report*. Code 91112 was surveyed in 2012, has an XXX day global period, 40 minutes intra-service time, and 60 minutes total time. The median values for surveyed code, 91110, are 45 minutes for intra-service time and 78 minutes for total procedure time. All intensity and complexity measures for primary key reference service 91110 indicate that it is "somewhat more" intense and complex than 91112.

wRVU and Time Recommendations

After reviewing the survey data, **we recommend a wRVU of 2.49 for 91110.** This value is equal to the 25th percentile of the survey. We recommend **5 minutes of pre-service time**, 8 minutes less than **Pre-Time Package 1a,** with removal of

time for positioning and scrub, dress, wait as those activities do not occur for this procedure. We recommend the survey median time of **45 minutes of intra-service** and 1**5 minutes of post-service time**.

Comparison To RUC reviewed XXX codes with 45 min IS time valued in the past 10 years

CPT Code	Long Desc	Glob	Work RVU	Pre Eval Time	Pre Pos Time	Pre SDW Time	Intra Time	Total Time	RUC Rev	IWPUT	MPC	2014 Util
95864	Needle electromyography; 4 extremities with or without related paraspinal areas	XXX	1.99	10	0	0	50	74	Apr12	0.0293		1,347
91110	**GI tract CE**	**XXX**	**2.49**	**5**	**0**	**0**	**45**	**65**	**--**	**0.0454**		**50,421**
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	XXX	2.50	5	0	0	50	76	Apr12 - RUC-CMS Revised time	0.0384		207,493
95911	Nerve conduction studies; 9-10 studies	XXX	2.50	15	0	0	50	80	Apr12	0.0366		177,203
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	XXX	2.60	15	0	0	45	70	Apr12	0.0453		18
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components…	XXX	2.61	15	0	0	40	75	Feb06	0.0457	Yes	6,908,158
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components…	XXX	2.63	15	0	0	45	77	Feb07	0.0425	Yes	45,429
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	XXX	2.95	15	0	0	50	75	Apr07	0.0478		61
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components…	XXX	3.06	15	0	0	45	80	Feb07	0.0506	Yes	1,337,344
95953	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended	XXX	3.08	10	0	0	45	70	Apr10	0.056		21,132

CPT Code	Long Desc	Glob	Work RVU	Pre Eval Time	Pre Pos Time	Pre SDW Time	Intra Time	Total Time	RUC Rev	IWPUT	MPC	2014 Util
99254	Inpatient consultation for a new or established patient, which requires these 3 key components…	XXX	3.29	15	0	0	45	80	Feb06	0.0557		-
99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components…	XXX	3.56	15	0	0	45	75	Oct10	0.0642		1,142,111
36147	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)	XXX	3.72	20	0	0	45	80	Apr09	0.0652		339,812
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	XXX	4.50	15	0	0	40	70	Aug05	0.0957	Yes	5,266,964
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	XXX	4.60	20	0	0	40	80	Apr14	0.0926		-
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	XXX	4.73	20	0	0	40	80	Apr14	0.0959		-

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 91110

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 150000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2014 freqency (~50,000) * 3 = 150,000

Specialty Gastroenterology Frequency 137000 Percentage 91.33 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 50,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2014 frequency = ~50,000

Specialty Gastroenterology Frequency 46000 Percentage 92.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 91110

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:91111 Tracking Number Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
Global Period: XXX RUC Recommended RVU: **1.00**

CPT Descriptor: Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year old patient with cirrhosis and compromised liver function is referred for screening for esophageal varices. Wireless capsule endoscopy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting?
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting?
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Assess for possible contraindications such as presence of pacemaker, active bowel obstruction or swallowing disorder. Provide education to patient on the nature of the procedure, why it is being performed and possible complications. Provide instructions to patient on preparation for the procedure—fasting, clothing to wear, etc.

Description of Intra-Service Work: The physician reviews the images. The physician scans the entire study and keys anatomic landmarks annotated (e.g., esophagogastric junction). Once the landmarks have been determined, all the images are viewed. When an abnormality is identified, a "thumbnail" is created. The physician notes and records key findings or abnormalities on a localization drawing that may also be used to guide subsequent management of the patient. Localization is determined by passage of time or by capsule localization software.

Description of Post-Service Work: Upon completion of review of all images and formulating an interpretation, the physician prepares a report. The findings are communicated to the patient and a copy of the report is sent to the referring physician. The referring physician may also be contacted to discuss the findings.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	R. Bruce Cameronn, MD (ACG), Dawn L. Francis, MD (AGA), Shivan Mehta, MD (AGA), Seth A. Gross, MD (ASGE), Vivk Kaul, MD (ASGE)		
Specialty(s):	American College of Gastroenterology, American Gastroenterological Association, American Society for Gastrointestinal Endoscopy		
CPT Code:	91111		
Sample Size:	3002	**Resp N:** 34	**Response:** 1.1 %
Description of Sample:	The ACG, AGA and ASGE conducted a simple random sample of the societies' general U.S. members, excluding retired members, trainees and the societies' RUC Advisors.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	5.00	30.00
Survey RVW:	0.21	1.50	**2.00**	2.48	9.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**18.00**	20.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	91111	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**7.00**	**-2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**1.00**	**-1.00**
Intra-Service Time:		**18.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
91112	XXX	2.10	**RUC Time**

CPT Descriptor Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99203	XXX	1.42	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95991	XXX	0.77	**RUC Time**	14,104

CPT Descriptor 1 Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99238	XXX	1.28	**RUC Time**	3,702,617

CPT Descriptor 2 Hospital discharge day management; 30 minutes or less

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 50.0 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 14.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 91111	Top Key Reference CPT Code: 91112	2nd Key Reference CPT Code: 99203
Median Pre-Service Time	5.00	5.00	4.00
Median Intra-Service Time	18.00	40.00	20.00
Median Immediate Post-service Time	15.00	15.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**38.00**	**60.00**	**29.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	-0.18	-0.20
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.35	0.60
Urgency of medical decision making	0.82	0.60

Technical Skill/Physical Effort (Mean)

Technical skill required	0.18	0.80
Physical effort required	-0.18	0.00

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.53	0.60
Outcome depends on the skill and judgment of physician	0.65	0.80
Estimated risk of malpractice suit with poor outcome	1.06	1.40

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.29	0.60

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The ACG, AGA and ASGE conducted a RUC survey and received 34 responses. The specialty consensus panel spent a significant amount of time reviewing the survey data, comparing the data for esophageal capsule endoscopy code 91111 to similar GI tests.

Code 91111 is a low volume procedure, accounting for just 200 claims submitted to Medicare in 2014, according to the RUC database. As such, a significant number of surveyees reported not having performed the procedure in the past 12 months. We have provided in the summary excel worksheet a breakdown of the survey data for those who have performed the procedures in the past 12 months and those who have not.

Pre-time Package 1a

- **Evaluation**: Removal of 8 minutes from pre-time package – 5 minutes
- **Positioning**: Removal of all positioning time – 0 minutes
- **Scrub, dress, wait:** Removal of all positioning time – 0 minutes

Comparison to Primary Key Reference Code

- The median intra-service time for those reporting experience with 91111 in the past 12 months was 20 minutes and 58 minutes total time compared to 40 minutes of intra-service time and 60 minutes of total time for primary key reference code 91112.
- Surveyees ranked 91111 similar to 91112 in overall intensity and complexity but less so for physician effort and number of diagnoses and/or management options that must be considered.

The primary key reference code selected by surveyees was 91112, *Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report*. Code 91112 was surveyed in 2012, has an XXX day global period, 40 minutes intra-service time, and 60 minutes total time. Because a significant number of surveyees reported not having performed 91111 in the past 12 months, we have provided a breakdown of the time reported by each group below.

Source	CPT	DESC	Resp	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MED	IMMD POST	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
SVY	91111	Esophageal capsule endoscopy	34	48	15			18	15	0	0	0	5	30
Exper	91111	Esophageal capsule endoscopy	16	58	20			20	18	1	2	5	9	30
No Exper	91111	Esophageal capsule endoscopy	18	45	15			15	15	0	0	0	0	0

wRVU and Time Recommendations

After reviewing the collective survey data, **we recommend a wRVU of 1.00 for 91111.** This value is equal to the current wRVU for 91111 and is less than the 25th percentile of the survey (1.50 wRVU). Although intra-service and total time has increased since the previous valuation in 2006, we could find no compelling evidence that the physician work of the procedure has increased since it was last valued. We recommend **5 minutes of pre-service time**, 8 minutes less than **Pre-Time Package 1a,** with removal of time for positioning and scrub, dress, wait as those activities do not occur for this procedure. We recommend the overall survey median time of **18 minutes of intra-service** and 1**5 minutes of post-service time**.

Comparison to RUC reviewed XXX codes with 15-20 min IS & 38-48 min total time valued in the past ~10 years

CPT Code	Long Desc	Glob	Work RVU	Pre Eval Time	Pre Pos Time	Pre SDW Time	Intra Time	Total Time	RUC Rev	IWPUT	MPC	2014 Utilization
95860	Needle electromyography; 1 extremity with or without related paraspinal areas	XXX	0.96	10	0	0	20	40	Apr12	0.0256		5,687
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt	XXX	0.96	10	0	0	20	40	Apr12	0.0256		6,148
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	XXX	0.97	7	4	4	15	45	Apr04	0.0237		5.834
91111	**Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report**	**XXX**	**1.00**	**5**	**0**	**0**	**18**	**38**		**0.0307**		**200**
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	XXX	1.00	10	0	0	15	40	Apr10	0.0293		455
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	XXX	1.15	10	0	0	20	40	Feb04	0.0351		19,231
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	XXX	1.15	10	0	0	20	40	Feb04	0.0351		1.831
95868	Needle electromyography; cranial nerve supplied muscles, bilateral	XXX	1.18	10	0	0	20	40	Apr12	0.0366		1.951
99315	Nursing facility discharge day management; 30 minutes or less	XXX	1.28	10	0	0	20	40	Oct10	0.0416		284.352
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	XXX	1.37	10	0	0	20	40	Apr06	0.0461	Yes	89,132

CPT Code	Long Desc	Glob	Work RVU	Pre Eval Time	Pre Pos Time	Pre SDW Time	Intra Time	Total Time	RUC Rev	IWPUT	MPC	2014 Utilization
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components…	XXX	1.39	10	0	0	20	40	Feb06	0.0471	Yes	49,056,126
99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components…	XXX	1.39	10	0	0	20	40	Oct09	0.0471		461,589
99485	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes	XXX	1.50	15	0	0	20	47	Jan12	0.0448		-
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	XXX	1.62	10	0	0	20	40	Feb09	0.0586		2,046,624
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	XXX	1.75	10	0	0	20	40	Feb09	0.0651		12,368
79005	Radiopharmaceutical therapy, by oral administration	XXX	1.80	20	0	0	15	45	Apr04	0.0752		8,670

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these

data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 91111

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2014 freqency (200) * 3 = 600

Specialty Gastroenterology Frequency 550 Percentage 91.66 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 200
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2014 frequency = 200

Specialty Gastroenterology Frequency 182 Percentage 91.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 91111

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Gastrointestinal Tract Imaging

TAB: 44

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME Pkg	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	91112	Gastrointestinal transit and pres	23	0.041			2.10			60		5					40			15					
2nd REF	91117	Colon motility (manometric) stu	17	0.024			2.45			105	1a	15					60			30					
CURRENT	91110	Gastrointestinal tract imaging, intralun		0.040			3.64			100		5					80			15					
SVY	91110	GI tract capsule endoscopy	76	0.057	2.00	2.49	3.29	4.00	11.05	78		18			7	34	45	60	160	15	0	10	20	30	240
REC	91110	GI tract capsule endoscopy		0.045			2.49			65	5	5					45			15					
1st REF	91112	Gastrointestinal transit and pres	17	0.041			2.10			60		5					40			15					
2nd REF	99203	Office or other outpatient visit fo	5	0.061			1.42			29		4					20			5					
CURRENT	91111	Gastrointestinal tract imaging, intralun		0.037			1.00			35		5					15			15					
SVY	91111	Esophageal capsule endoscopy	34	0.074	0.21	1.50	2.00	2.48	9.00	48		15			5	15	18	20	90	15	0	0	0	5	30
Exper	91111	Esophageal capsule endoscopy	16	0.060	0.21	1.45	2.05	2.95	9.00	58		20			10	15	20	23	90	18	1	2	5	9	30
No Exper	91111	Esophageal capsule endoscopy	18	0.089	0.97	1.50	2.00	2.38	4.20	45		15			5	11	15	20	30	15	0	0	0	0	0
REC	91111	Esophageal capsule endoscopy		0.031			1.00			38	5	5					18			15					

Tab Number

Gastrointestinal Tract Imaging
Issue

91110-91111
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

Dr. Bruce Cameron

Printed Signature

ACG

Specialty Society

12/14/2015

Date

Tab Number

Gastrointestinal Tract Imaging
Issue

91110-91111
Code Range

Attestation Statement

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Signature

Dr. Dawn Francis

Printed Signature

AGA

Specialty Society

12/14/2015

Date

Tab Number

Gastrointestinal Tract Imaging
Issue

91110-91111
Code Range

Attestation Statement

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Signature

Dr. Seth Gross

Printed Signature

ASGE

Specialty Society

12/14/2015

Date

Tab Number

Gastrointestinal Tract Imaging
Issue

91110-91111
Code Range

Attestation Statement

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Signature

Dr. Vivek Kaul

Printed Signature

ASGE

Specialty Society

12/14/2015

Date

_____
Tab Number

Gastrointestinal Tract Imaging
Issue

91110-91111
Code Range

Attestation Statement

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As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



_____
Signature

Dr. Shivan Mehta
_____
Printed Signature

AGA
_____
Specialty Society

12/14/2015
_____
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

91110 - Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report

91111 - Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report

Global Period: XXX Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The ACG, AGA, and ASGE convened a group from a broad range of geographic locations with differing practice circumstances and settings who typically perform these services. The committee served as the consensus panel to develop PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

As there have been no significant changes in the practice expense inputs for codes 91110 and 91111, the consensus panel used the same codes as the reference services and the PE direct inputs from the most recent meeting where the codes were reviewed.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

Not applicable

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Not applicable

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities = 8 minutes: (91110-91111) RN/LPN/MTA
5 minutes to complete pre-service diagnostic & referral forms
3 minutes to provide follow-up phone calls & prescriptions

Intra-Service Clinical Labor Activities = 35: (91110) RN/LPN/MTA
3 minutes to greet patient, provide gowning, ensure appropriate medical records are available
3 minutes to provide pre-service education/obtain consent
3 minutes to obtain vital signs

10 minutes to prepare equipment, data recorder, sensors, workstation
6 minutes to connect the equipment, fit belt, put data recorder on patient, sync capsule to each sensor
2 minutes to assist patient with capsule ingestion
2 minutes to observe patient to insure no complications (e.g., not in airway, Zinker's diverticulum, caught in esophageal stricture)
3 minutes to disconnect belt, recorder, and sensor array
3 minutes to clean room/equipment by physician staff

Intra-Service Clinical Labor Activities = 42: (91111) RN/LPN/MTA
3 minutes to greet patient, provide gowning, ensure appropriate medical records are available
3 minutes to provide pre-service education/obtain consent
3 minutes to obtain vital signs
10 minutes to prepare equipment, data recorder, sensors, workstation
6 minutes to connect the equipment, fit belt, put data recorder on patient, sync capsule to each sensor
3 minutes to position patient (assist patient onto table lying down on right side and then into a sitting position after the capsule is swallowed)
8 minutes to give patient 100c water to drink (1 min), observe swallow pillcam and take one sip every 30 seconds (7 min), assist patient to sit upright and take another sip of water and wait 30 seconds
3 minutes to disconnect belt, recorder, and sensor array
3 minutes to clean room/equipment by physician staff

Post-Service Clinical Labor Activities = 4 minutes: (91110-91111) RN/LPN/MTA
4 minutes to recharge batteries, initiate data download to workstation and create image archive

Additional Rationale and Equipment Time (91110)

The clinical staff time on line 44 for *Other Clinical Activity: recharge batteries, initiate data download to workstation, create image archive* is distinct from the longer download time captured in the equipment minutes. This time is to start the data process and start downloading images into the workstation.

Line 72, *video system, capsule endoscopy (software, computer, monitor, printer),* at 94 minutes includes a download time of 80 minutes. This is outlined in the Download Time for PillCam SB3 PDF included in the submission and it is the shortest download time for the video system needed for this service.

Line 73, *kit, capsule endoscopy recorder* requires a recording time of 8 hours for the test plus 80 minutes download time. Typically, the patient comes in at 7am and returns at 4pm and multiple patients may return to the office at the same time. The video system (computer) has docking stations for multiple capsule recorders; however, the computer downloads the data from each capsule recorder in sequence because the equipment is not capable of downloading from multiple capsule recorders at the same time.

Additional Rationale and Equipment Time (91111)

The clinical staff time on line 44 for *Other Clinical Activity: recharge batteries, initiate data download to workstation, create image archive* is distinct from the longer download time captured in the equipment minutes. This time is to start the data process and start downloading images into the workstation.

Line 72, *video system, capsule endoscopy (software, computer, monitor, printer),* at 29 minutes includes a download time of 15 minutes. This is the shortest download time for the video system needed for this service. It is the time that the capsule recorder is synced to the video system.

Line 73, *kit, capsule endoscopy recorder*, no additional recording time is needed because the patient remains in the office, however 15 minutes of download time is necessary.

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE				REFERENCE CODE	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**91110 Approved Inputs - Apr '03**		**91110 Proposed Inputs**		**91111 Approved Inputs - Apr '06**	
3	**Meeting Date: January 2016 Tab: 44 Specialty: ACG, AGA, ASGE**	**CMS Code**	**Staff Type**	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report		Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report		Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD: XXX**								
6	**TOTAL CLINICAL LABOR TIME**			**73.0**	**0.0**	**47.0**	**0.0**	**70.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**5.0**	**0.0**	**8.0**	**0.0**	**5.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**65.0**	**0.0**	**35.0**	**0.0**	**62.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**3.0**	**0.0**	**4.0**	**0.0**	**3.0**	**0.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA			**5**			
13	Coordinate pre-surgery services								
14	Schedule space and equipment in facility								
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA						
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA			**3**			
17	Other Clinical Activity - *specify:*								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA			**3**			
22	Obtain vital signs	L037D	RN/LPN/MTA			**3**			
23	Provide pre-service education/obtain consent					**3**			
24	Prepare room, equipment, supplies: Prep equip--data recorder, sensors, workstation					**10**			
25	Setup scope (non facility setting only)								
26	Sedate/apply anesthesia								
27	Other Clinical Activity:								
28	**Intra-service**								
29	Prepare and position patient - connect the equipment, apply sensor array, fit belt, put data recorder on patient, sync capsule to each sensor (8 sensors = 1 min)					**6**			
30	Assist physician in performing procedure								
31	Assist physician/moderate sedation (% of physician time)								
32	Other Clinical Activity: capsule ingestion	L037D	RN/LPN/MTA			**2**			
33	Other Clinical Activity: observe patient to ensure no complications (not in airway, zinker's diverticulum or caught in esophageal stricture)	L037D	RN/LPN/MTA			**2**			
34	Other Clinical Activity: position patient (assist patient onto table lying down on right side and then into a sitting position after the capsule is swallowed)								
35	Other Clinical Activity: Give pt 100c water to drink (1 min), observe swallow pillcam and take one sip every 30 seconds (7 min), assist patient to sit upright and take another sip of water and wait 30 seconds								
36	**Post-Service**								
37	Monitor pt. following moderate sedation								
38	Other clinical activity: disconnect belt, recorder and sensor array					**3**			
39	Clean room/equipment by physician staff					**3**			
40	Clean Scope								
41	Clean Surgical Instrument Package								
42	Complete diagnostic forms, lab & X-ray requisitions								
43	Review/read X-ray, lab, and pathology reports								
44	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								

	A	B	C	D	E	F	G	H	I
1				REFERENCE CODE				REFERENCE CODE	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**91110 Approved Inputs - Apr '03**		**91110 Proposed Inputs**		**91111 Approved Inputs - Apr '06**	
3	**Meeting Date: January 2016 Tab: 44 Specialty: ACG, AGA, ASGE**	**CMS Code**	**Staff Type**	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report		Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report		Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD: XXX**								
45	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)					**n/a**			
46	Dischrg mgmt (1.0 x 99238) (enter 12 min)					**n/a**			
47	Dischrg mgmt (1.0 x 99239) (enter 15 min)					**n/a**			
48	**End: Patient leaves office**								
49	**POST-SERVICE Period**								
50	**Start: Patient leaves office/facility**								
51	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA						
52	Other Clinical Activity*: recharge batteries, initiate data download to workstation, create image archive*	L037D	RN/LPN/MTA			**4**			
53		L037D	RN/LPN/MTA						
54	***Office visits: List Number and Level of Office Visits***					**# visits**	**# visits**		
55	99211 16 minutes		16						
56	99212 27 minutes		27						
57	99213 36 minutes		36						
58	99214 53 minutes		53						
59	99215 63 minutes		63						
60	**Total Office Visit Time**					**0.0**	**0.0**		
61	Other Clinical Activity - *specify:*								
62	**End: with last office visit before end of global period**								
63	**MEDICAL SUPPLIES***	**CODE**	**UNIT**						
64	pack, minimum multi-specialty visit	SA048	pack			**1**			
65	water, distilled	SK087	oz			**3**			
66	cup, drinking	SK018	item			**1**			
67	drinking straw	SK020	item			**1**			
68	**kit, capsule endoscopy w-application supplies (M2A)**	**SA005**	pack			**1**			
69	**kit, capsule, ESO, endoscopy w-application supplies (ESO)**	**SA094**	pack						
70	**EQUIPMENT**	**CODE**							
71	table, exam	EF023				**35**			
72	video system, capsule endoscopy (software, computer, monitor, printer)	ES029		**90**		**94**			
73	kit, capsule endoscopy recorder	EQ146		**480**		**583**			
74	video system, capsule endoscopy, booster drive w-accessories	ES030		**10**		**0**			

	A	B	C	J	K
1					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**91111 Proposed Inputs**	
3	**Meeting Date: January 2016** **Tab: 44** **Specialty: ACG, AGA, ASGE**	**CMS Code**	**Staff Type**	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	
4	**LOCATION**			**Non Fac**	**Facility**
5	**GLOBAL PERIOD: XXX**				
6	**TOTAL CLINICAL LABOR TIME**			**54.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**8.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**42.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	**RN/LPN/MTA**	**4.0**	**0.0**
10	**PRE-SERVICE**				
11	**Start: Following visit when decision for surgery or procedure made**				
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	**5**	
13	Coordinate pre-surgery services				
14	Schedule space and equipment in facility				
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA	**3**	
17	Other Clinical Activity - *specify:*				
18	**End: When patient enters office/facility for surgery/procedure**				
19	**SERVICE PERIOD**				
20	**Start: When patient enters office/facility for surgery/procedure:**				
21	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	**3**	
22	Obtain vital signs	L037D	RN/LPN/MTA	**3**	
23	Provide pre-service education/obtain consent			**3**	
24	Prepare room, equipment, supplies: Prep equip--data recorder, sensors, workstation			**10**	
25	Setup scope (non facility setting only)				
26	Sedate/apply anesthesia				
27	Other Clinical Activity:				
28	**Intra-service**				
29	Prepare and position patient - connect the equipment, apply sensor array, fit belt, put data recorder on patient, sync capsule to each sensor (8 sensors = 1 min)			**6**	
30	Assist physician in performing procedure				
31	Assist physician/moderate sedation (% of physician time)				
32	Other Clinical Activity: capsule ingestion	L037D	RN/LPN/MTA	**0**	
33	Other Clinical Activity: observe patient to ensure no complications (not in airway, zinker's diverticulum or caught in esophageal stricture)	L037D	RN/LPN/MTA	**0**	
34	Other Clinical Activity: position patient (assist patient onto table lying down on right side and then into a sitting position after the capsule is swallowed)			**3**	
35	Other Clinical Activity: Give pt 100c water to drink (1 min), observe swallow pillcam and take one sip every 30 seconds (7 min), assist patient to sit upright and take another sip of water and wait 30 seconds			**8**	
36	**Post-Service**				
37	Monitor pt. following moderate sedation				
38	Other clinical activity: disconnect belt, recorder and sensor array			**3**	
39	Clean room/equipment by physician staff			**3**	
40	Clean Scope				
41	Clean Surgical Instrument Package				
42	Complete diagnostic forms, lab & X-ray requisitions				
43	Review/read X-ray, lab, and pathology reports				
44	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions				

	A	B	C	J	K
1					
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**91111 Proposed Inputs**	
3	**Meeting Date: January 2016** **Tab: 44** **Specialty: ACG, AGA, ASGE**	**CMS Code**	**Staff Type**	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	
4	**LOCATION**			**Non Fac**	**Facility**
5	**GLOBAL PERIOD: XXX**				
45	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**	
46	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	
47	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	
48	**End: Patient leaves office**				
49	**POST-SERVICE Period**				
50	**Start: Patient leaves office/facility**				
51	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA		
52	Other Clinical Activity*: recharge batteries, initiate data download to workstation, create image archive*	L037D	RN/LPN/MTA	**4**	
53		L037D	RN/LPN/MTA		
54	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**
55	99211 16 minutes		16		
56	99212 27 minutes		27		
57	99213 36 minutes		36		
58	99214 53 minutes		53		
59	99215 63 minutes		63		
60	**Total Office Visit Time**			**0.0**	**0.0**
61	Other Clinical Activity - *specify:*				
62	**End: with last office visit before end of global period**				
63	**MEDICAL SUPPLIES***	**CODE**	**UNIT**		
64	pack, minimum multi-specialty visit	SA048	pack	**1**	
65	water, distilled	SK087	oz	**5**	
66	cup, drinking	SK018	item	**1**	
67	drinking straw	SK020	item	**1**	
68	**kit, capsule endoscopy w-application supplies (M2A)**	**SA005**	pack		
69	**kit, capsule, ESO, endoscopy w-application supplies (ESO)**	**SA094**	pack	**1**	
70	**EQUIPMENT**	**CODE**			
71	table, exam	EF023		**42**	
72	video system, capsule endoscopy (software, computer, monitor, printer)	ES029		**29**	
73	kit, capsule endoscopy recorder	EQ146		**34**	
74	video system, capsule endoscopy, booster drive w-accessories	ES030		**0**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Fundus Photography

In the NPRM for 2016 CMS, re-ran the screen for 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. CPT code 92250 was identified by this screen. This service was presented for review of physician work and practice expense at the January 2016 RUC meeting.

92250 ***Fundus photography with interpretation and report***
The RUC reviewed the survey results from 89 practicing ophthalmologists and optometrists and recommend the following physician time components: pre-service time of 1 minute, intra-service time of 10 minutes and immediate post-service time of 1 minute. The RUC agreed that there is only one minute of both pre- and post-service time because this procedure is typically done on the same date of service as an eye Evaluation and Management visit.

The RUC reviewed the survey respondents' physician work values and agreed that the survey 25th percentile work RVU of 0.40, lower than the current value, is appropriate. To justify a work RVU of 0.40, the RUC compared the surveyed code to the top two key reference codes 92083 *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)* (work RVU= 0.50, intra time= 10 minutes) and 92082 *Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)* (work RVU= 0.40, intra time= 8 minutes) and agreed that both these reference services, with similar intra-service time and comparable physician work, offer accurate comparisons to the recommended value. **The RUC recommends a work RVU of 0.40 for CPT code 92250.**

Practice Expense:
The RUC accepted the minor modifications as made and approved by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
92250	Fundus photography with interpretation and report	XXX	0.40

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92250 Tracking Number Original Specialty Recommended RVU: **0.40**
Presented Recommended RVU: **0.40**
Global Period: XXX RUC Recommended RVU: **0.40**

CPT Descriptor: Fundus Photography with interpretation and report.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old male with type 1 diabetes mellitus of 20 years duration with early renal failure and controlled hypertension presents with decreased vision associated with clinically significant macular edema in both eyes and with disc neovascularization in the right eye and neovascularization elsewhere in the left eye. Color fundus photographs are obtained.

Percentage of Survey Respondents who found Vignette to be Typical: 79%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 4%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Explain the indications, risks, and benefits of the fundus photography to the patient and/or family.

Description of Intra-Service Work: Evaluate the quality of the study. Interpret the images, determine the presence of lesions that could benefit from treatment. Compare findings with previous studies and other diagnostic modalities to determine disease progression/interval change. Review the findings and discuss with the patient. Select representative images for archiving for future comparison. Prepare and dictate report.

Description of Post-Service Work: Review and sign the final report. Inform referring physician(s) of outcome.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Stephen Kamenetzky, M.D AAO, David Glasser, M.D AAO, John Thompson, M.D ASRS, Charlies Fitzpatrick, O.D. AOA		
Specialty(s):	Opthalmology (AAO/ASRS) and Optometry (AOA)		
CPT Code:	92250		
Sample Size:	969	**Resp N:** 89	**Response:** 9.1 %
Description of Sample:	A random sample of members were pulled from the AAO, ASRS and AOA databases.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	68.00	**200.00**	450.00	3500.00
Survey RVW:	0.05	0.40	**0.50**	0.65	2.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	5.00	**10.00**	12.00	45.00

Immediate Post Service-Time:	**6.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92250	**Recommended Physician Work RVU: 0.40**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92083	XXX	0.50	**RUC Time**

CPT Descriptor Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92082	XXX	0.40	**RUC Time**

CPT Descriptor Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99281	XXX	0.45	**RUC Time**	76,714

CPT Descriptor 1

Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92082	XXX	0.40	**RUC Time**	151,597

CPT Descriptor 2 Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)

Other Reference CPT Code	Global	Work RVU	Time Source
88314	XXX	0.45	**RUC Time**

CPT Descriptor Special stain including interpretation and report; histochemical stain on frozen tissue block

---

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 28 **% of respondents:** 31.4 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 17.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 92250	**Top Key Reference CPT Code:** 92083	**2nd Key Reference CPT Code:** **92082**
Median Pre-Service Time	1.00	3.00	3.00
Median Intra-Service Time	10.00	10.00	8.00
Median Immediate Post-service Time	1.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**12.00**	**13.00**	**11.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	1.11	0.88
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.71	0.69

Urgency of medical decision making	1.00	0.44

Technical Skill/Physical Effort (Mean)

Technical skill required	0.79	0.38
Physical effort required	0.25	0.13

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.68	0.44
Outcome depends on the skill and judgment of physician	0.89	0.63
Estimated risk of malpractice suit with poor outcome	0.86	0.56

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.89	0.63

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT 92250 *Fundus photography with interpretation and report* was targeted by CMS as a potentially misvalued code in the 2016 Medicare physician fee schedule.

A random survey of AAO, ASRS and AOA members had 89 respondents, 79% of whom found the vignette typical. The median WRVU was 0.50 and the 25th percentile was 0.40. Median IST was 10 minutes. The current value of the code is 0.44. The primary reference service, chosen by 31%, was 92083, *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination…* (RUC April 2012) with a WRVU of 0.50 and 10 minutes IST. The second highest reference service, chosen by 18% of respondents, was 92082, *Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination…* (RUC April 2010) with a WRVU of 0.40 and 8 minutes IST. The intensity and complexity metrics for the surveyed code were similar or slightly higher than those of either reference code.

The expert panel of the AAO, ASRS and AOA, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median survey IST of 10 minutes was similar to the current value of 9 minutes. We reduced the pre-evaluation time from the survey median of 5 minutes to 1 minute and eliminated the survey post-time as the procedure is typically done with an office visit. **We recommend the survey's 25th percentile value of 0.40 WRVU.**

This value is supported by MPC code 92082 *Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination…* (RUC April 2010) with 0.40 WRVU, an IST of 8 minutes, and total time of 11 minutes and MPC code 99281 *Emergency department visit for the evaluation and management of a patient… straightforward…* (RUC September 2005) with 0.45 WRVU, an IST of 7 minutes, and total time of 13 minutes. The value is also supported by CPT code 88314, *Special stain including interpretation and report; histochemical stain on frozen tissue block* (RUC February 2011) with 0.45 WRVU, and an IST and total time of 13 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Billed with an office visit.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes

3.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	92002	5	15	5	25	.88	XXX
5.	92004	5	25	10	40	1.82	XXX
6.	92012	5	15	5	25	.92	XXX
7.	92014	5	24	8	37	1.42	XXX
8.	99212	2	10	4	16	.48	XXX
9.	99213	3	15	5	23	.97	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty Optometry How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4239300
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Opthalmology Frequency 2625398 Percentage 61.92 %

Specialty Optometry Frequency 1598640 Percentage 37.70 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,826,200 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Ophthalmology Frequency 1750265 Percentage 61.92 %

Specialty Optometry Frequency 1065760 Percentage 37.70 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92250

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

SS Rec Summary

ISSUE: Fundus Photography

TAB: 45

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination	116	0.043			0.50			13	3					10																						
2nd REF	92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination	37	0.042			0.40			11	3					8																						
CURRENT	92250	Fundus photography with interpretation and report	93	0.036			0.44			14						9			5																			
SVY	92250	Fundus photography with interpretation and report	89	0.025	0.05	0.40	0.50	0.65	2.00	21	5			0	5	10	12	45	6																			
REC	92250	Fundus photography with interpretation and report		0.036			0.40			12	1					10			1																			

Tab 45
Tab Number

Fundus Photography
Issue

92250
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)



Signature

David B. Glasser, M.D.
Printed Signature

American Academy of Ophthalmology
Specialty Society

December 4, 2015
Date

45
Tab Number

Fundus Photography
Issue

92250
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey and summary of recommendation forms are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)

Steve Kamentzky

Signature

Stephan A. Kamentskzy, M.D.
Printed Signature

American Academy Ophthalmology
Specialty Society

December 4, 2015
Date

45
Tab Number

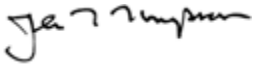
Fundus Photography
Issue

92250
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair, AMA Representative and Alternate AMA Representative.)


Signature

John T. Thompson, MD
Printed Signature

American Society of Retina Specialists
Specialty Society

12/15/2015
Date

CPT Code: 92250
Specialty Society('s) American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

Fundus photography with interpretation and report.

Global Period: XXX Meeting Date: 01/2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other physicians who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: **N/A**

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: **N/A**

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: **N/A**

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

- Assist physician in performing procedure: 14 min
    - This time is spent performing fundus photography. The patient is escorted over to the camera station. The photographer positions the patient at the camera, establishes fixation with a fixation device, aligns the illumination beam within the pupil, focuses on a designated field of view, uses an astigmatic correction device, then takes color photographs.
    - The camera zoom is utilized, the fixation device adjusted, and the optic disc is brought into focus first, and images are taken. The photographer then uses lateral shift to obtain sequential stereo pairs.

  - Next, the posterior pole is imaged by zooming out to incorporate the disc, macula and vessels of one eye, and by adjusting the fixation device. The photographer then uses lateral shift to obtain sequential stereo pairs.
  - Next, peripheral pathology is brought into focus by adjusting the patient's fixation and the camera settings. Pathology in the periphery is then photographed.
  - The photographer then reviews images for quality and corrects artifacts and adjusts settings accordingly, repeating as needed.
  - The patient is then escorted from the room.
- Label & file photos/slides w/ patient chart: 3 min
  - This time is spent uploading and ordering photographs from the procedure into the medical record. This time would be extended to approximately 10 to 20 minutes when a multi-frame photographic montage is created to show the location of the peripheral pathology for treatment purposes.

Post-Service Clinical Labor Activities:

N/A

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**92250**		**92250**	
3	**Meeting Date: October 2015 Tab: Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Fundus photography w/ interpretation & report		Fundus photography w/ interpretation & report	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**N/A**	**XXX**	**N/A**
6	**TOTAL CLINICAL LABOR TIME**			**37.0**	**0.0**	**17.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**37.0**	**0.0**	**17.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**						
11	**Start: Following visit when decision for surgery or procedure made**						
12	Complete pre-service diagnostic & referral forms						
13	Coordinate pre-surgery services						
14	Schedule space and equipment in facility						
15	Provide pre-service education/obtain consent						
16	Follow-up phone calls & prescriptions						
17	Other Clinical Activity - *specify:*						
18	**End: When patient enters office/facility for surgery/procedure**						
19	**SERVICE PERIOD**						
20	**Start: When patient enters office/facility for surgery/procedure:**						
21	Greet patient, provide gowning, ensure appropriate medical records are available	L039A	Certified Reti	**3**			
22	Obtain vital signs						
23	Provide pre-service education/obtain consent	L038A	COMT/COT/F	**5**			
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	Other Clinical Activity - specify:						
29	**Intra-service**						
30	Acquire images	L038A	COMT/COT/F	**25**		**14**	
31	Assist physician/moderate sedation (% of physician time)						
32	**Post-Service**						
33	Monitor pt. following moderate sedation						
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
35	Clean room/equipment by physician staff						
36	Clean Scope						
37	Clean Surgical Instrument Package						
38	Complete diagnostic forms, lab & X-ray requisitions						
39	Review/read X-ray, lab, and pathology reports						
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
41	Other Clinical Activity - *specify: label & file photos/slides w/ patient chart*	L038A	COMT/COT/F	**4**		**3**	
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
45	**End: Patient leaves office**						

	A	B	C	D	E	F	G
1				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**92250**		**92250**	
3	**Meeting Date: October 2015 Tab: Specialty:Ophthalmology & Optometry**	**CMS Code**	**Staff Type**	Fundus photography w/ interpretation & report		Fundus photography w/ interpretation & report	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**N/A**	**XXX**	**N/A**
46	**POST-SERVICE Period**						
47	**Start: Patient leaves office/facility**						
48	Conduct phone calls/call in prescriptions						
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16				
51	99212 27 minutes		27				
52	99213 36 minutes		36				
53	99214 53 minutes		53				
54	99215 63 minutes		63				
55	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
56	Other Clinical Activity - *specify:*						
57	**End: with last office visit before end of global period**						
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
59	pack, ophthalmology visit (w/ dilation)	SA082	pack	**1**			
60	applicator, cotton-tipped, non-sterile 6in	SG008	item	**2**			
61	povidone soln (Betadine)	SJ041	ml	**10**			
62	film, Ektachrome 35mm (per exposure)	SK026	item	**36**			
63	slide sleeve (photo slides)	SK076	item	**1**			
64							
65	**EQUIPMENT**	**CODE**					
66	camera, retinal (TRC 50IX, w-ICG, filters, motor drives)	ED008		**37**		**17**	
67	table, motorized (for instruments-equipment)	EF030		**37**		**17**	
68	lane, exam (oph)	EL005		**37**		**17**	
69							
70							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Electroretinography

In the NPRM for 2016, CMS re-ran the screen for 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. CPT code 92275 was identified by this screen and to be reviewed at the January 2016 RUC meeting.

The specialty society noted that they became aware of inappropriate use of this code for a less intensive version of this test for diagnosis and indications that are not clinically proven and for which less expensive and less intensive tests already exist. The utilization of CPT code 99275 was appropriately low until 2013 when it suddenly increased by 300%. CPT changes are necessary to ensure that the service for which 92275 was intended is clearly described as well as an accurate vignette and work descriptor is developed. **The RUC recommends that CPT code 92275 be referred to the CPT Editorial Panel at the May 2016 meeting.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
92275	Electroretinography with interpretation and report	XXX	Refer to CPT May 2016

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AMERICAN ACADEMY OF OPHTHALMOLOGY
The Eye M.D. Association

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20 F Street, NW
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Health Policy Department

October 20, 2015

Peter Smith, M.D., Chair
AMA Specialty Society Relative Value Update Committee
American Medical Association
330 North Wabash Ave., Suite 39300
Chicago IL 60611-5885

Dear Dr. Smith,

The American Academy of Ophthalmology is writing to provide further information and to request that CPT 92275 *Electroretinography* be sent to the CPT Editorial Panel for a descriptor change. The Academy's Health Policy Committee which is responsible for our RUC and CPT activities has found new information regarding this service that we believe indicates that the AMA CPT Editorial Panel consider a descriptor change in order to clarify its appropriate usage. On the website of one of the manufacturers of the equipment utilized for this test, we found guidance about using a less intensive version of the test for diagnosis and indications that are not clinically proven and for which less expensive and less intensive tests already exist.

Electroretinography (ERG) is an eye test used to detect abnormal function of the retina for a limited range of diseases/conditions, typically retinal degenerations and dystrophies. With this test, the light-sensitive cells of the eye, the rods and cones, and their connecting ganglion cells in the retina are examined for their response to light. During the test, an electrode is placed on the cornea of the patient to measure patient provided responses to an array of light stimuli in the back of the eye. The utilization of this service was appropriately low until 2013 when it suddenly increased by 300%

CPT changes are necessary to ensure that service for which 92275 was intended is clearly described as well as an accurate vignette and work descriptor is put into place. We expect to present a less intense ERG code for these new indications at CPT. That should help guide providers on the appropriate billing of this test for its intended usage. Then if the utilization still appears to be higher than warranted, having made the changes will ensure that appropriate work and practice expenses can be established via a future survey.

We appreciate your consideration of our plans for these two codes. Our goal would be to take this code to the May CPT meeting for consideration of new descriptors. If you have any questions or need additional information please contact Ms. Cherie McNett, AAO Health Policy Director at cmcnett@aaodc.org or via phone at 202-737-6662.

Sincerely,

Michael X. Repka, M.D., M.B.A
Medical Director for Government Affairs

Steve Kamenetzky

Stephen A Kamenetzky, M.D.
RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Non-invasive Physiologic Studies of Extremity Veins

In the NPRM for 2016 CMS re-ran the screen for 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. CPT code 93965 was identified by this screen. This service was presented for review of physician work and practice expense at the January 2016 RUC meeting.

The specialty societies explained that CPT code 93965 is a physiologic noninvasive vascular test, and the Introductory Comments in the Noninvasive Vascular Diagnostics portion of the CPT Manual clearly state that physiologic studies must be performed on instruments other than a duplex ultrasound scanner. Previously, this service could have been appropriately used in two ways. However, each indication is now obsolete. In the 2000s a test to detect lower extremity deep venous thrombosis employed an instrument called an Impedance Plethysmograph, or IPG. In the 2000s, IPG was replaced by a better test, duplex ultrasound (CPT code 93970). Additionally, duplex scanning has also replaced air plethysmography, which was previously used to test patients for chronic venous insufficiency.

Given the removal of these two indications, the specialty societies explained that they cannot identify a valid indication for the use of CPT code 93965. It is possible that clinicians are using the code to report the additional work of assessing venous valve function when duplex ultrasound is used to assess patients for chronic venous insufficiency. Under this scenario, CPT codes 93970 and 93965 would be used in conjunction on the same date of service, which is the case 50% of the time, according to the Medicare 5% sample file. However, this coding practice is inappropriate if a duplex scanner is used exclusively to perform the test.

The RUC recommends that CPT code 93965 be referred to the CPT Editorial Panel for deletion. In accordance with this deletion, no current CPT code will be used to report this service. Furthermore, CMS should consider a payment policy which removes this service from active status and redistributes the savings for CY 2017.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
93965	Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)	XXX	Refer to CPT May 2016 for Deletion

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

November 11, 2015

Peter Smith, MD
Chair, RUC
AMA
645 N Michigan Ave, Suite 800
Chicago, IL 60611

Re: Tab 47 Non-invasive Physiologic Studies of Extremity Veins (93965)

Dear Dr. Smith:

CPT Code 93965 *Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)* was identified by CMS in the NPRM for 2016 in the high expenditure screen. We believe the procedure described by CPT Code 93965 is no longer appropriate. We recommend this issue be referred to the CPT Editorial Panel to have the code deleted from CPT.

Thank you,

The American Academy of Family Physicians (AAFP)
The American College of Cardiology (ACC)
The American College of Radiology (ACR)
The American College of Surgeons (ACS)
The Society for Cardiovascular Angiography and Interventions (SCAI)
The Society for Vascular Ultrasound (SVU)
The Society for Vascular Surgery (SVS)
The Society of Interventional Radiology (SIR)

cc: Sherry Smith

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Pulmonary Stress Test

In the NPRM for 2016 CMS re-ran the screen for 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. CPT code 94620 was identified by this screen.

The specialty societies explained that they have submitted a Code Change Application (CCA) for the February 2016 CPT Editorial Panel meeting. CPT codes 94620 and 94621 require revisions that will allow the survey respondents better value these services. Code 94620 describes two different tests commonly performed for evaluation of dyspnea, the six minute walk test as well as pre-exercise and post-exercise spirometry. These tests are entirely different and should be described with two separate codes. In addition, code 94620 describes a "simple" pulmonary exercise test and code 94621 a "complex" pulmonary exercise test. The testing described in 94621 is commonly called a cardiopulmonary exercise test (CPET) and not a complex pulmonary exercise test as it is currently labeled in CPT 2016. Code 94621 includes the measurement of minute ventilation and exhaled gases in addition to heart rate, oximetry and ECG monitoring. As such, it should not be included as part of the family of less complex exercise tests. The RUC will review these services at the April 2016 RUC meeting. **The RUC recommends CPT code 94620 be referred to the CPT Editorial Panel.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
94620	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)	XXX	Refer to CPT Feb 2016, RUC April 2016
94621(f)	Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)	XXX	Refer to CPT Feb 2016, RUC April 2016

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American Thoracic Society
We help the world breathe®

CHEST
AMERICAN COLLEGE of CHEST PHYSICIANS

Dr. Peter Smith
RUC Chair
American Medical Association
AMA Plaza 330 N. Wabash Ave.,
Suite 39300 Chicago, IL 60611-5885

December 15, 2015

Dear Dr. Smith,

The American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST) submitted a CPT Code Change Application for the AMA CPT Editorial Panel consideration at the February 2016 meeting, currently noted as Tab 39 on the agenda. We believe that CPT 94620 and 94621 requires editorial revisions that would be of benefit to any survey taker for these codes. We have attached the CCP for your information.

Therefore, with the RUC's permission, we are requesting the presentation to the RUC for CPT codes 94620 and 94621 be moved to the April 2015 RUC meeting.

If you have any questions, contact Denise Merlino, ATS and CHEST staff at (978) 283-0940.

Sincerely,

Stephen Hoffmann, MD for ATS CPT Advisor American Thoracic Society	Steve Peters, MD for CHEST CPT Advisor American College of Chest Physicians
Alan Plummer, MD RUC Advisor American Thoracic Society	Robert DeMarco, MD RUC Advisor American College of Chest Physicians

CC: Denise A. Merlino, CPC, CNMT, ATS and ACCP Coding Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Antigen Therapy Services

In the NPRM for 2016 CMS re-ran its screen for 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. CPT code 95165 was identified by this screen and code 95144 was included as part of the family. These services were presented for review of physician work and practice expense at the January 2016 RUC meeting.

Code 95165 is reimbursed on a "per dose" basis and code 95144 is reimbursed on each "single dose" vial prepared. Prior to conducting a survey, the specialty societies noted that the small increment of work and time related to a single dose in a multidose vial or single dose vial would be very difficult to capture on a survey and therefore the specialty societies requested from the Research Subcommittee to use a survey for work and time estimates related to 10 doses/vials. The survey responses would then be divided by 10 to reflect the per dose/vial increment.

95144 ***Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)***
The specialty societies indicated and the RUC agreed that the physician work related to code 95144 has not changed since the last RUC review. This was supported by the survey results from 46 allergists and otolaryngologists that resulted in no change in intra-service time (3 minutes). The RUC also reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work RVU of 0.06 per single dose vial, is appropriate and supports no change in work. To justify a work RVU of 0.06, the RUC reviewed other services with lower and higher work RVUs. The RUC agreed that 92285 *External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)* (work RVU= 0.05, intra time= 5 minutes) and 95905 *Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report* (work RVU= 0.05, intra time= 5 minutes) involved less intensive work to interpret a diagnostic study than 95144 which includes determining which antigens are to be used for therapeutic immunotherapy, the concentration for each antigen, the dosage schedule, and direct supervision for sterile preparation of single dose vials and quality control. The RUC also agreed that 96361 *Intravenous infusion, hydration; each additional hour* (work RVU= 0.09, intra time= 3 minutes) involves more intensive work for supervision and management of a patient than 99144. **The RUC recommends a work RVU of 0.06 for CPT code 95144.**

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95165 ***Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)***

The specialty societies indicated and the RUC agreed that the physician work related to code 95165 has not changed since the last RUC review. This was supported by the survey results from 98 allergists and otolaryngologists that resulted in no change in intra-service time (3 minutes). The RUC also reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work RVU of 0.06 per single dose is appropriate and supports no change in work. To justify a work RVU of 0.06, the RUC reviewed other services with lower and higher work RVUs. The RUC agreed that 92285 *External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)* (work RVU= 0.05, intra time= 5 minutes) and 95905 *Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report* (work RVU= 0.05, intra time= 5 minutes) involved less intensive work to interpret a diagnostic study than 95165 which includes determining which antigens are to be used for therapeutic immunotherapy, the concentration for each antigen, the dosage schedule, and direct supervision for sterile preparation of multidose vials and quality control. The RUC also agreed that 96361 *Intravenous infusion, hydration; each additional hour* (work RVU= 0.09, intra time= 3 minutes) involves more intensive work for supervision and management of a patient than 99165. **The RUC recommends a work RVU of 0.06 for CPT code 95144.**

Practice Expense:

The specialty societies presented compelling evidence that the direct practice expense inputs have substantively changed since the previous valuation of these services. In 2007, the United States Pharmacopeia (USP), a national non-governmental standard setting organization, issued revised standards to its chapter 797 on sterile compounding that specifically addressed, for the first time, standards for preparation of allergen extracts. These standards became mandatory in 2013, with the passage of the Drug Quality and Security Act (DQSA) (P.L. 113-24).

The USP Ch. 797 sterile compounding standards applicable to allergen extracts require a number of staff activities which were not the standard in 2006 when this code was last reviewed. As a result, beginning in 2013 with the passage of the DQSA, clinical staff has had to change the way they prepare allergen extracts to meet the more stringent USP requirements. Some examples of ways in which staff have had to modify preparation technique include 1) more extensive hand-cleansing procedures; 2) use of hair covers, gowns, and face masks; 3) intermittent glove disinfection with sterile 70% isopropyl alcohol; and 4) more extensive disinfection of ampule necks and vial stoppers.

The RUC agreed that there is compelling evidence to increase both the clinical labor time and supplies associated with these procedures. The RUC approved the direct practice expense inputs as accepted by the Practice Expense Subcommittee.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
95144 (f)	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	XXX	0.06 (No Change)
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	XXX	0.06 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:95144 Tracking Number Original Specialty Recommended RVU: **0.06**
Presented Recommended RVU: **0.06**
Global Period: XXX RUC Recommended RVU: **0.06**

CPT Descriptor: Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 12-year-old patient has severe rhinorrhea, sneezing, wheezing, and coughing. Allergy tests have shown positive reactions to animal dander, mold spores, dust mites, and pollens. Because the patient will be receiving immunotherapy injections at an outside clinic, the physician orders and supervises preparation of 10 single dose vials to ensure accuracy of dosing.
[Note: When completing this survey, only the physician's time should be considered. Do NOT include time spent by clinical staff.]

Percentage of Survey Respondents who found Vignette to be Typical: 76%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: n/a

Description of Intra-Service Work: Physician determines which antigens are to be used for immunotherapy, the concentration for each antigen, and the dosage schedule. The determination of antigens, concentration, and dosage must take into consideration the patient's prior response to immunotherapy (ie, improved, unchanged, or poorly controlled) and whether the patient has had local and/or systemic reactions to the injections. Once the prescription is established, the physician will provided direct supervision for sterile preparation of single dose vials and needed quality control of the product through testing or other means. This work is documented in the patient's medical record.

Description of Post-Service Work: n/a

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Donald Aaronson, MD; James Sublett, MD; Paul Fass, MD; Peter Manes, MD		
Specialty(s):	ACAAI, AAAAI, AAOA, AAOHNS		
CPT Code:	95144		
Sample Size:	1013	**Resp N:** 46	**Response:** 4.5 %
Description of Sample:	Random selection from the membership database: American College of Allergy, Asthma and Immunology (ACAAI), American Academy of Allergy, Asthma and Immunology (AAAAI), American Academy of Otolaryngic Allergy (AAOA) Random selection from members designated as allergists: American Academy of Otolaryngology - Head and Neck Surgery (AAOHNS)		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**23.00**	100.00	240.00
Survey RVW:	0.10	0.60	**0.95**	1.28	2.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	16.00	**30.00**	30.00	55.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95144	**Recommended Physician Work RVU: 0.06**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.50	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96153	XXX	0.10	**RUC Time**	33,057

CPT Descriptor 1 Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96375	ZZZ	0.10	**RUC Time**	1,579,005

CPT Descriptor 2 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 19.5 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 17.3 **%**

TIME ESTIMATES (Median)	**CPT Code:** 95144	**Top Key Reference CPT Code:** 99214	**2nd Key Reference CPT Code: 99213**
Median Pre-Service Time	0.00	5.00	3.00
Median Intra-Service Time	3.00	25.00	15.00
Median Immediate Post-service Time	0.00	10.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**3.00**	**40.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.56	0.13

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.56	0.25
Urgency of medical decision making	0.22	-0.13

Technical Skill/Physical Effort (Mean)

Technical skill required	1.11	0.13
Physical effort required	0.67	-0.38

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.56	0.88
Outcome depends on the skill and judgment of physician	1.33	0.88
Estimated risk of malpractice suit with poor outcome	1.11	0.88

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.78	0.75

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and E/M services and services reviewed since CY 2010. Code 95165 was identified through this screen and code 95144 was added as a family code.

Code **95144** is reimbursed on per "single dose" vial. The small increment of work and time related to a single dose vial would be very difficult to capture on a survey and therefore the specialty societies requested to use the same survey vignettes and format that was used during the previous review of these codes; specifically to survey for work and time estimates related to 10 single dose vials. The survey responses would then be divided by 10 to reflect the per vial increment. The Research Subcommittee approved this request.

Recommendation - 95144

In the Survey Data table in this SoR, the survey results for 10 single dose vials is shown. **The specialty recommended data in the second table reflect one-tenth – or one vial.** This information is also provided on the RUC Summary Excel file.

Although the current survey data suggests a higher work RVU, we do not have compelling evidence to ask for an increase. Therefore, we recommend **maintaining the current work RVU of 0.06 and service time of 3 minutes per vial for 95144.**

We note that in the final rule for 2016, CMS noted that *the criteria for many misvalued code screens, including this one, are designed to prioritize codes that **may** be misvalued not to identify codes that **are** misvalued.* Further CMS believes that supporting evidence for the accuracy of current values for particular codes is best considered as part of the review of individual codes through the misvalued code process. We believe the current survey data provides supporting evidence for the accuracy of the current value.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95144

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty ALLERGY/IMMUNOLOGY How often? Sometimes

Specialty OTOLARYNGOLOGY How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 179,371 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC 2016v1 database

Specialty ALLERGY/IMMUNOLOGY Frequency 130000 Percentage 72.47 %

Specialty OTOLARYNGOLOGY Frequency 28000 Percentage 15.61 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Other

BETOS Sub-classification:
Other drugs

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 95144

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:95165 Tracking Number n/a Original Specialty Recommended RVU: **0.06**
Presented Recommended RVU: **0.06**
Global Period: XXX RUC Recommended RVU: **0.06**

CPT Descriptor: Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 12-year-old patient has severe rhinorrhea, sneezing, wheezing, and coughing. Allergy tests have shown positive reactions to animal dander, mold spores, dust mites, and pollens. The physician orders and supervises preparation of 10 doses of allergen extract immunotherapy to be made in multi-dose vial(s).
[Note: When completing this survey, only the physician's time should be considered. Do NOT include time spent by clinical staff.]

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: n/a

Description of Intra-Service Work: Physician determines which antigens are to be used for immunotherapy, the concentration for each antigen, and the dosage schedule. The determination of antigens, concentration, and dosage must take into consideration the patient's prior response to immunotherapy (ie, improved, unchanged, or poorly controlled) and whether the patient has had local and/or systemic reactions to the injections. Once the prescription is established, the physician will provided direct supervision for sterile preparation of vial(s) and needed quality control of the product through testing or other means. This work is documented in the patient's medical record.

Description of Post-Service Work: n/a

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Donald Aaronson, MD; James Sublett, MD; Paul Fass, MD; Peter Manes, MD		
Specialty(s):	ACAAI, AAAAI, AAOA, AAOHNS		
CPT Code:	95165		
Sample Size:	1013	**Resp N:** 98	**Response:** 9.6 %
Description of Sample:	Random selection from the membership database: American College of Allergy, Asthma and Immunology (ACAAI), American Academy of Allergy, Asthma and Immunology (AAAAI), American Academy of Otolaryngic Allergy (AAOA) Random selection from members designated as allergists: American Academy of Otolaryngology - Head and Neck Surgery (AAOHNS)		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	100.00	**200.00**	400.00	1200.00
Survey RVW:	0.10	0.56	**0.97**	1.36	2.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	15.00	**30.00**	30.00	60.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95165	**Recommended Physician Work RVU: 0.06**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.50	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96153	XXX	0.10	**RUC Time**	33,057

CPT Descriptor 1 Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96375	ZZZ	0.10	**RUC Time**	1,579,005

CPT Descriptor 2 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 27 **% of respondents:** 27.5 **%**

Number of respondents who choose 2nd Key Reference Code: 27 **% of respondents:** 27.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 95165	**Top Key Reference CPT Code:** 99213	**2nd Key Reference CPT Code:** **99214**
Median Pre-Service Time	0.00	3.00	5.00
Median Intra-Service Time	3.00	15.00	25.00
Median Immediate Post-service Time	0.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**3.00**	**23.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.19	0.59

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.41	0.81
Urgency of medical decision making	-0.37	-0.04

Technical Skill/Physical Effort (Mean)

Technical skill required	0.63	0.89
Physical effort required	-0.41	0.22

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.11	1.37
Outcome depends on the skill and judgment of physician	0.85	1.00
Estimated risk of malpractice suit with poor outcome	1.26	1.19

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.85	0.89

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and E/M services and services reviewed since CY 2010. Code 95165 was identified through this screen and code 95144 was added as a family code.

Code **95165** is reimbursed on a "per dose" basis and code **95144** is reimbursed on each "single dose" vial prepared. The small increment of work and time related to a single dose would be very difficult to capture on a survey and therefore the specialty societies requested to use the same survey vignettes and format that was used during the previous review of these codes; specifically to survey for work and time estimates related to 10 doses/vials. The survey responses would then be divided by 10 to reflect the per dose/vial increment. The Research Subcommittee approved this request.

Recommendation - 95165

In the Survey Data table in this SoR, the survey results for 10 doses is shown. **The specialty recommended data in the second table reflect one-tenth – or one dose.** This information is also provided on the RUC Summary Excel file.

Although the current survey data suggests a higher work RVU, we do not have compelling evidence to ask for an increase. Therefore, we recommend **maintaining the current work RVU of 0.06 and service time of 3 minutes per dose for 95165.**

We note that in the final rule for 2016, CMS noted that *the criteria for many misvalued code screens, including this one, are designed to prioritize codes that **may** be misvalued not to identify codes that **are** misvalued.* Further CMS believes that supporting evidence for the accuracy of current values for particular codes is best considered as part of the review of individual codes through the misvalued code process. We believe the current survey data provides supporting evidence for the accuracy of the current value.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95165

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty ALLERGY/IMMUNOLOGY How often? Commonly

Specialty OTOLARYNGOLOGY How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,570,792 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC 2016v1 database

Specialty ALLERGY/IMMUNOLOGY Frequency 3057000 Percentage 46.52 %

Specialty OTOLARYNGOLOGY Frequency 2080000 Percentage 31.65 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Other

BETOS Sub-classification:
Other drugs

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 95165

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Antigen Therapy Services
TAB: 49

					RVW					Total		PRE			INTRA					POST		SURVEY EXPERIENCE					
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	MIN	25th	MED	75th	MAX	TYP?
REF1	99213	Office or other outpatient visit for the evalua	27	0.053			0.97			23		3					15			5							
REF2	99214	Office or other outpatient visit for the evalua	27	0.047			1.50			40		5					25			10							
RUC-06	95165	Professional services for the supervision of		0.020			0.06			3		0					3			0							
SVY	95165	Professional services for the supervision of	98	0.032	0.10	0.56	0.97	1.39	2.00	30		0			2	15	30	30	60	0		0	100	200	400	1200	98%
		Survey data divided by ten			0.01	0.06	0.10	0.14	0.20	3		0	0	0	0.2	1.5	3.0	3.0	6.0	0							
REC	95165	maintain current "per dose" RVW		0.020			0.06			3	n/a	0					3			0	n/a						
REF1	99214	Office or other outpatient visit for the evalua	9	0.047			1.50			40		5					25			10							
REF2	99213	Office or other outpatient visit for the evalua	8	0.053			0.97			23		3					15			5							
RUC-06	95144	Professional services for the supervision of		0.020			0.06			3		0					3			0							
SVY	95144	Professional services for the supervision of	46	0.032	0.10	0.60	0.95	1.28	2.00	30		0			5	16	30	30	55	0		0	0	23	100	240	76%
		Survey data divided by ten			0.01	0.06	0.10	0.13	0.20	3		0	0	0	0.5	1.6	3.0	3.0	5.5	0							
REC	95144	maintain current "per vial" RVW		0.020			0.06			3	n/a	0					3			0	n/a						

Tab Number: 49

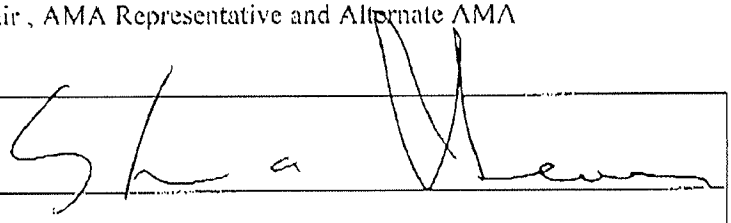
Issue: Antigen Therapy Services

Code(s): 99144, 99165

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	Stephen Imbeau, MD
Specialty Society:	American Academy of Allergy, Asthma & Immunology
Date:	December 11, 2015

Tab Number: 49

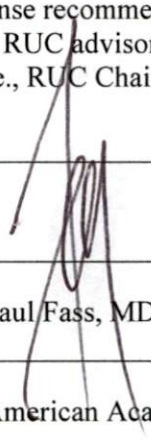
Issue: Antigen Therapy Services

Code(s): 99144, 99165

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Signature:	
Print Name:	Paul Fass, MD
Specialty Society:	American Academy of Otolaryngic Allergy
Date:	December 11, 2015

Tab Number: 49

Issue: Antigen Therapy Services

Code(s): 99144, 99165

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Signature:	
Print Name:	Peter Manes, MD
Specialty Society:	American Academy of Otolaryngology – Head and Neck Surgery
Date:	December 11, 2015

Tab Number: 49

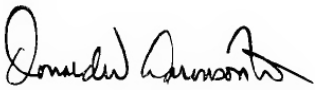
Issue: Antigen Therapy Services

Code(s): 99144, 99165

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature:	
Print Name:	Donald Aaronson, MD
Specialty Society:	American College of Allergy, Asthma & Immunology
Date:	December 11, 2015

CPT Code(s): 95165, 95144
Specialty Society(ies): ACAAI, AAAAI, AAOA, AAOHNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

95144 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)

95165 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)

Global Period: XXX Meeting Date: January 2016

1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The society Advisors and additional physicians familiar with these services reviewed the current PE inputs.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:** The current codes were used as references.

3. **If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:** *See discussion below.*
4. **If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:** *See discussion below.*

Compelling Evidence

United States Pharmacopeia (USP), a national non-governmental standard setting organization, issued revised standards to its chapter 797 on sterile compounding in 2007 that specifically addressed, for the first time, standards for preparation of allergen extracts. These standards were voluntary for most physicians and did not have the weight of law. This changed in 2013 with the passage of the Drug Quality and Security Act (DQSA) (P.L. 113-24). That law made the USP standards applicable to physicians compounding drugs in their offices by removing from Section 503A of the Food Drug and Cosmetic Act, which addresses compounding, language determined by the federal courts to be unconstitutional and which had previously made Section 503A of the Act unenforceable. As a result, language in Section 503A which had been there all along and which required in-office compounding by physicians to meet the USP sterile compounding standards became enforceable for the first time.

The USP Ch. 797 sterile compounding standards applicable to allergen extracts require a number of procedures which were not the standard in 2006 when this code was last reviewed. As a result, beginning in 2013 with the passage of the DQSA, physicians have had to change the way their clinical staff prepare allergen extracts to meet the more stringent USP requirements. Some examples of ways in which staff have had to modify preparation technique include 1) more extensive hand-cleansing procedures; 2) use of hair covers, gowns, and face masks; 3) intermittent glove disinfection with sterile 70% isopropyl alcohol; and 4) more extensive disinfection of ampul necks and vial stoppers.

USP 797 includes a section that describes allergen extracts as compounded sterile products (CSPs) that are single-dose and multiple-dose intradermal or subcutaneous injections that are prepared by specially trained physicians and personnel under their direct supervision. The section provides sterile preparation criteria for allergen extracts that is different and more extensive than the standard of practice prior to USP 797, including:

- All allergen extracts as CSPs shall contain appropriate substances in effective concentrations to prevent the growth of microorganisms. Nonpreserved allergen extracts shall comply with the appropriate CSP risk level requirements in the chapter.
- Before beginning compounding activities, personnel perform a thorough hand-cleansing procedure by removing debris from under fingernails using a nail cleaner under running warm water followed by vigorous hand and arm washing to the elbows for at least 30 seconds with either non-antimicrobial or antimicrobial soap and water.
- Compounding personnel don hair covers, facial hair covers, gowns, and face masks.
- Compounding personnel perform antiseptic hand cleansing with an alcohol-based surgical hand scrub with persistent activity.
- Compounding personnel don powder-free sterile gloves that are compatible with sterile 70% isopropyl alcohol (IPA) before beginning compounding manipulations.
- Compounding personnel disinfect their gloves intermittently with sterile 70% IPA when preparing multiple allergen extracts as CSPs.
- Ampul necks and vial stoppers on packages of manufactured sterile ingredients are disinfected by careful wiping with sterile 70% IPA swabs to ensure that the critical sites are wet for at least 10 seconds and allowed to dry before they are used to compound allergen extracts as CSPs.
- The aseptic compounding manipulations minimize direct contact contamination (e.g., from glove fingertips, blood, nasal and oral secretions, shed skin and cosmetics, other nonsterile materials) of critical sites (e.g., needles, opened ampuls, vial stoppers).
- The label of each multiple-dose vial (MDV) of allergen extracts as CSPs lists the name of one specific patient and a BUD and storage temperature range that is assigned based on manufacturers' recommendations or peer-reviewed publications.
- Single-dose allergen extracts as CSPs shall not be stored for subsequent additional use.
- In addition, best practice is to always prepare only one patient's prescription of antigen immunotherapy at a time (ie, no batching of multiple prescriptions).

These standards for aseptic technique that were adopted after the previous review of 95165 and 95144 support increased time and additional supplies required per USP 797 and passage of DQSA.

5. Please describe in detail the clinical activities of your staff:

<u>Pre-Service</u> Clinical Labor Activities:

N/A – this is a non-face-to-face activity that only involves service period time.

<u>Intra-Service</u> Clinical Labor Activities:

The PE spreadsheet activities are meant for face-to-face encounters, however the work related to preparation of antigen immunotherapy is not performed in the presence of a patient. In addition the order of activities in the rows do not relate well to the required activities or order of activities for immunotherapy preparation. **We therefore recommend that all time be collapsed into the intra-service category " *Preparation of antigens for allergen immunotherapy*."**

The original clinical staff times from March 2002 were developed using a survey. For this review, we conducted a similar mini-survey to obtain current information for preparation of multidose vials. We asked our geographically representative expert panel to query several practices that are both small and large about the time it takes their staff to prepare multidose antigen immunotherapy vial(s).

Specifically, we asked the following questions:

1. How many physicians are in the practice?
2. How long does it take the clinical staff to prepare a multi-dose maintenance vial (or vials) for one patient from start to finish? Please include all set-up time, time spent on personal hygiene, time spent preparing the vials, labels, any documentation, and clean up.
3. For each patient's vial preparation that you provide time, please also let us know how many mls of extract were prepared (eg, two 5 ml vials; one 10 ml vial, etc).

Based on a response of 27 small to large practices (1 to 121 physicians), we found the median time to prepare 10 doses of allergen immunotherapy is 30 minutes (mean = 37 minutes). These results confirmed our expert panel's belief that the new standards require more time. **We therefore recommend a total of 30 minutes for 10 doses or 3 minutes per dose for code 95165.**

The clinical staff activities are generally the same for both 95165 and 95144 except that more vials are prepared, labeled, and documented for 95144 and additional documentation will be necessary because the single dose vials will be taken by the patient to a different location/office for therapy. To account for the additional work, the PEAC had previously approved an additional 1 minute per vial. Our expert panel believes that time increment has not changed. **We therefore recommend a total of 40 minutes for 10 vials or 4 minutes per vial for code 95144.**

Row	Clinical Staff Activity	95165		95144	
		per 10 doses	per dose	per 10 doses	per dose
31	Preparation of antigens for allergen immunotherapy	30	3	40	4

1. Open patient electronic health record and review physician order for antigen prescription.
2. Perform calculations for preparing antigen mixture and document in the patient's chart.
3. Prepare patient specific label(s) for vial(s) to include patient name and date of birth, date of preparation, date of expiration, storage temperature range and compounded ingredients listed in descending concentration in volume/volume.
4. When preparing multiple vials, confirm the color-coding and prepared concentration matches.
5. Collect all supplies.
6. Pull and document removal of stock antigens from secure refrigerated storage.
7. Check stock antigens for turbidity or particulate matter and determine if re-suspension or filtering is necessary per manufacturer guidelines.
8. Document patient’s name, extracts used for mixing, mixing date, expiration date and lot numbers into a mixing log. This is important in the event there is a product recall or adverse event investigation.
9. Clean the compounding surface with 70% isopropyl alcohol.
10. Don gown, hair cover and mask with face shield.
11. Perform a thorough hand-cleansing by removing debris from under fingernails followed by vigorous hand and arm washing to the elbows for at least 30 seconds.
12. Perform antiseptic hand cleansing with an alcohol-based surgical hand scrub.
13. Don powder-free sterile gloves that are compatible with sterile 70% isopropyl alcohol so that the gloves can intermittently be disinfected during allergen immunotherapy

Row	Clinical Staff Activity	95165		95144	
		per 10 doses	per dose	per 10 doses	per dose
31	Preparation of antigens for allergen immunotherapy	30	3	40	4

preparation.

14. Disinfect each stock antigen vial neck and vial stopper with a separate sterile alcohol swab and ensure that the critical sites are wet for at least 10 seconds and allowed to dry.
15. Using separate syringes for each antigen, draw calculated aliquot from antigen stock vial and place syringe next to antigen vial.
16. Verify all drawn doses are correct volume and antigen (ie, time out).
17. Inject contents of all drawn antigens one by one into multidose or single dose vial(s) maintaining aseptic technique. Discard empty syringes immediately into Sharps disposal container.
18. Label vials as they are prepared and disinfect gloves with isopropyl alcohol intermittently to maintain sterility. Prior to affixing label, perform a solution color check, vial color-code check, turbidity/precipitate check and vial integrity check.
19. After all vial(s) for a single patient are prepared, they are placed in a patient specific container (tray, box, envelope) and transferred to a dedicated refrigerator for storage at 4°C.
20. Inspect stock allergen vials prior to returning to refrigerated storage.
21. Document preparation details in patient chart, including name of preparer and date prepared, stock allergen extract manufacturer, lot number and expiration date.
22. Dispose of used hazardous waste (eg, syringe packaging, alcohol pads, gloves, mask).

Post-Service Clinical Labor Activities:

N/A – this is a non-face-to-face activity that only involves service period time.

6. Supplies

ROW	SUPPLY	CODE	UNIT	
60	gloves, non-sterile	SB022	pair	deleted and replaced with sterile gloves per USP 797
61	cap, surgical	SB001	item	added per USP 797
62	gown, staff, impervious	SB027	item	added per USP 797
63	mask, surgical, with face shield	SB034	item	added per USP 797
64	gloves, sterile	SB024	pair	added per USP 797
65	scrub brush (impregnated)	SM023	item	added per USP 797
66	syringe 1ml	SC052	item	no change
67	antigen, multi (pollen, mite, mold, cat)	SH007	ml	No change to quantity, however, pricing has changed. Invoices will be provided.
68	swab-pad, alcohol	SJ053	item	increase per USP 797
69	color coded cap and vial (for antigen)	SL027	item	Decrease quantity to 0.1 per dose for

ROW	SUPPLY	CODE	UNIT	
				code 95165. No change for code 95144.
70	label, vial	SL198	item	added per USP 797
71	envelope, antigen vial transport	NEW	item	added – required for safe storage and/or transport of patient prescription vials. Invoices will be provided.
72	alcohol isopropyl 70%	SJ001	ml	added per USP 797
73	towel, paper (Bounty) (per sheet)	SK082	item	added per USP 797

CPT Code(s): 95165, 95144
Specialty Society(ies): ACAAI, AAAAI, AAOA, AAOHNS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

NO INPUTS RECOMMENDED FOR FACILITY

CPT Long Descriptor:

95144 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)

95165 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)

Global Period: XXX Meeting Date: January 2016

1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:** The society Advisors and additional physicians familiar with these services reviewed the current PE inputs.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:** N/A

3. **If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:** N/A

4. **If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:** N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

N/A – this is a non-face-to-face activity that only involves service period time.

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE		Recommend		REFERENCE CODE		Recommend	
2				95165		95165		95144		95144	
3	**Meeting Date: January 2016** **Tab: 49** **Specialty: ACAAI, AAAAI, AAOA, AAOHNS**	**CMS Code**	**Staff Type**	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)		Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; **single or multiple antigens (specify number of doses)**		Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)		Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, **single dose vial(s) (specify number of vials)**	
4				10 DOSES	PER DOSE	10 DOSES	PER DOSE	10 VIALS	PER VIAL	10 VIALS	PER VIAL
5	**LOCATION**			Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
6	**GLOBAL PERIOD**			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7	**TOTAL CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	23	2.3	30	3.0	33	3.3	40	4.0
8	**TOTAL PRE-SERV CLINICAL LABOR TIME**			0	0	0	0	0	0	0	0
9	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	23	2.3	30	3.0	33	3.3	40	4.0
10	**TOTAL POST-SERV CLINICAL LABOR TIME**			0	0	0	0	0	0	0	0
11	**PRE-SERVICE**										
20	**SERVICE PERIOD**										
21	~~**Start: When patient enters office/facility for surgery/procedure:**~~										
25	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	5	0.5			5	0.5		
29	Other Clinical Activity - specify:										
30	**Intra-service**										
31	Preparation of antigens for allergen immunotherapy	L037D	RN/LPN/MTA	15	1.5	30	3	25	2.5	40	4
33	**Post-Service**										
36	Clean room/equipment by physician staff	L037D	RN/LPN/MTA	3	0.3			3	0.3		
42	Other Clinical Activity - *specify:*										
46	~~**End: Patient leaves office**~~										
47	**POST-SERVICE Period**										
59	**MEDICAL SUPPLIES***	**CODE**	**UNIT**								
60	gloves, non-sterile	SB022	pair	2	0.2			2	0.2		
61	cap, surgical	SB001	item			0.1	0.01			0.1	0.01
62	gown, staff, impervious	SB027	item			0.1	0.01			0.1	0.01
63	mask, surgical, with face shield	SB034	item			1	0.1			1	0.1
64	gloves, sterile	SB024	pair			1	0.1			1	0.1
65	scrub brush (impregnated)	SM023	item			1	0.1			1	0.1
66	syringe 1ml	SC052	item	10	1	10	1	10	1	10	1
67	antigen, multi (pollen, mite, mold, cat)	SH007	ml	10	1	10	1	10	1	10	1
68	swab-pad, alcohol	SJ053	item	1	0.1	10	1	1	0.1	10	1
69	color coded cap and vial (for antigen)	SL027	item	10	1	1	0.1	10	1	10	1
70	label, vial	SL198	item			1	0.1			10	1
71	envelope, antigen vial transport	NEW	item			1	0.1			1	0.1
72	alcohol isopropyl 70%	SJ001	ml			30	3			60	6
73	towel, paper (Bounty) (per sheet)	SK082	item			2	0.2			4	0.4
74											
75	**EQUIPMENT**	**CODE**									
76	NO EQUIPMENT	EZ007									

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request - NPRM for 2016 and CMS High Expenditure Procedural Codes*

January 2016

Electroencephalogram (EEG)

Following publication of the 2014 Final Rule, the RUC solicited feedback from the specialties societies regarding CPT codes potentially impacted by the OPPS/ASC Payment Cap. Specialty societies indicated an interested in re-reviewing or validating a recent RUC review for PE only, for 58 of the 211 codes identified through the cap. The PE Subcommittee reviewed the codes identified by specialty societies, grouped by families, at the April 2014 RUC meeting and provide CMS with the recommendations as a sample subset of the codes impacted by the cap. CPT codes 95812 and 95813 were included in these recommendations. CMS chose not to implement the RUC recommendations for 2015, but has reviewed and accepted the recommendations with refinement for 2016. CMS expressed concern about the way the services were selected for review and limiting the review to PE only. The RUC understands CMS' concerns about implementing PE inputs without the corresponding work being reviewed. We analyzed the 58 services that the RUC submitted PE recommendations for and determined that one or more of the following is true of many of the codes: frequency less than 10,000; reviewed for work within the last five years; included in the list of proposed potentially misvalued codes identified through high expenditure by specialty screen that CMS included in the proposed rule for 2016. If you apply these criteria only 6 codes remain. The codes are 10021, 30903, 88333, 88334, 95812 and 95813.

In the NPRM for 2016 CMS re-ran the 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. CPT code 95957 was identified by this screen. This service was presented for review of physician work and practice expense at the January 2016 RUC meeting.

95812 ***Electroencephalogram (EEG) extended monitoring; 41-60 minutes***
The RUC reviewed the survey results from 87 practicing neurologists and agreed with the following survey median physician time components: pre-service evaluation time of 5 minutes, intra-service time of 15 minutes and immediate post-service time of 5 minutes. The RUC discussed the inaccurate physician time currently assigned to the code (intra-service time= 55 minutes). The RUC noted that this past survey was conducted in May 1994 and appeared to, at the time, have significant issues. The CPT descriptor at the time for CPT code 95812 was *EEG monitoring; up to one hour*. It is clear from the survey time that the respondents were confused, as they assigned the entire monitoring time to physician work. After the direct practice expenses became resource-based in 1999, this time discrepancy would not have been allowed. Therefore, the RUC agreed that the current physician time for this service is inaccurate and thus should not be used to discount the current work value.

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The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey's 25th percentile work RVU of 1.20 overestimates the physician work of this service. To determine an appropriate value, the RUC noted that there is no compelling evidence that the current value may be inaccurate and recommends the current work RVU of 1.08. To justify a work RVU of 1.08, the RUC compared the surveyed code to the top key reference code 95816 *Electroencephalogram (EEG); including recording awake and drowsy* (work RVU= 1.08, intra time= 15 minutes) and agreed that since both codes have identical intra-service time and comparable physician work, both services should be valued the same. The RUC also reviewed the second key reference code 95805 *Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness* (work RVU= 1.20, intra time= 20 minutes) and that since the reference code has 5 additional minutes of intra-service time compared to code 95812, the reference code is accurately valued higher. **The RUC recommends a work RVU of 1.08 for CPT code 95812.**

95813 ***Electroencephalogram (EEG) extended monitoring; greater than 1 hour***
The RUC reviewed the survey results from 87 practicing neurologists and agreed with the following survey median physician time components: pre-service evaluation time of 5 minutes, intra-service time of 25 minutes and immediate post-service time of 5 minutes.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey's 25th percentile work RVU of 1.63, lower than the current value, is appropriate for this code. To justify a work RVU of 1.63, the RUC compared the surveyed code to MPC code 95805 *Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness* (work RVU= 1.20, intra time= 20 minutes) and agreed that since code 95813 has more intra-service time, it is appropriately valued higher than the reference code. The RUC also reviewed CPT codes 93295 *Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional* (work RVU= 1.29, intra time= 22.5) and 95908 *Nerve conduction studies; 3-4 studies* (work RVU= 1.25, intra time= 22 minutes) and agreed that since both these reference services have less intra-service time, the recommended value for 95813 is appropriately valued higher. **The RUC recommends a work RVU of 1.63 for CPT code 95813.**

95957 ***Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)***
The RUC reviewed the survey results from 54 practicing neurologists and agreed with the following survey median physician time components: pre-service evaluation time of 15 minutes, intra-service time of 30 minutes and immediate post-service time of 10 minutes. The RUC again noted the inaccurate current intra-service time of 60 minutes for this procedure. When this service was last reviewed in May 1994, this service was surveyed as an add-on code; however it was assigned a XXX global period when it was implemented in 1995. Therefore, the current time included pre- and post-service work and time in the intra-service period. Adjusting for these anomalies, the current survey, which separates these times out, represents only a minor reduction in total time. There exists no clinical basis to discount this minor reduction in time from the current work value.

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The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey's 25th percentile work RVU of 2.00 slightly overestimates the physician work of this service. To determine an appropriate value, the RUC noted that there is no compelling evidence that the current value may be inaccurate and recommends the current work RVU of 1.98. To justify a work RVU of 1.98, the RUC compared the surveyed code to the top two key reference codes 95810 *Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist* (work RVU= 2.50, intra time= 36.5 minutes) and 95939 *Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs* (work RVU= 2.25, intra time= 30 minutes) and agreed that both services, with comparable physician time and work, provide accurate comparisons to ensure the recommended value is accurate. The RUC recommends a work RVU of 1.98 for CPT code 95957.

Practice Expense:
The RUC approved the direct practice expense inputs as modified by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	XXX	1.08 (No Change)
95813	Electroencephalogram (EEG) extended monitoring; greater than 1 hour	XXX	1.63
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	XXX	1.98 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:95812 Tracking Number Original Specialty Recommended RVU: **1.08**
Presented Recommended RVU: **1.08**
Global Period: XXX RUC Recommended RVU: **1.08**

CPT Descriptor: Electroencephalogram (EEG) extended monitoring: 41-60 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient has had recurrent episodes of neurologic symptoms suspected to be seizures. An extended EEG to allow sleep without pharmacological sedation is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 15%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 3%

Description of Pre-Service Work: Review relevant portions of the patient's medical record to determine if this type of EEG study is most appropriate for the patient. Review the results of any prior EEG tests performed. Instruct the technologist about any special techniques or montages required

Description of Intra-Service Work: Supervise the technologist's preparation and performance of the test. Review the recorded data including remontage and refilter as needed. Review the activation procedures performed including hyperventilation and photic stimulation. Assess the normal and abnormal findings. Interpret the findings considering the clinical context and determine clinical correlation of the findings based on the patient's history. Generate a diagnostic interpretation report with clinical correlations based on the test's findings.

Description of Post-Service Work: Make appropriate recommendations for further management and communicate with the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Marianna Spanaki, MD, PhD; Marc Nuwer, MD, PhD		
Specialty(s):	American Academy of Neurology; American Clinical Neurophysiology Society		
CPT Code:	95812		
Sample Size:	1251	**Resp N:** 87	**Response:** 6.9 %
Description of Sample:	AAN: A sample of members of the clinical neuroplysiology section (current US active members.) ACNS: A sample of current US active members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**50.00**	133.00	1500.00
Survey RVW:	0.50	1.20	**1.50**	1.80	3.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	14.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95812	**Recommended Physician Work RVU: 1.08**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95816	XXX	1.08	**RUC Time**

CPT Descriptor Electroencephalogram (EEG); including recording awake and drowsy

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95805	XXX	1.20	**RUC Time**

CPT Descriptor Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99231	XXX	0.76	**RUC Time**	9,707,427

CPT Descriptor 1 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95805	XXX	1.20	**RUC Time**	5,387

CPT Descriptor 2 Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess .sleepiness

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 30 **% of respondents:** 34.4 **%**

Number of respondents who choose 2nd Key Reference Code: 29 **% of respondents:** 33.3 **%**

TIME ESTIMATES (Median)	**CPT Code:** 95812	**Top Key Reference CPT Code:** 95816	**2nd Key Reference CPT Code:** **95805**
Median Pre-Service Time	5.00	5.00	15.00
Median Intra-Service Time	15.00	15.00	20.00
Median Immediate Post-service Time	5.00	6.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**26.00**	**50.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES *(of those that selected Key Reference codes)*	**Top Key Ref Code**	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.40	0.90
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.47	0.62
Urgency of medical decision making	0.47	1.03
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.13	0.59
Physical effort required	0.53	0.21
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	0.23	0.62

Outcome depends on the skill and judgment of physician	0.37	0.97
Estimated risk of malpractice suit with poor outcome	0.50	0.76

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.50	0.76

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

As part of the 2014 Proposed Rule, CMS identified several codes (including 95812) as potentially misvalued and proposed reductions to the codes as part of the OPPS / ASC payment cap policy proposal. The proposal was to limit the practice expense payment through the physician payment schedule at the lower of two facility payment schedules, either the OPPS or ASC payment schedule. The RUC solicited feedback from specialty societies who were given the opportunity to develop Practice Expense Recommendations at the April 2014 meeting. The AAN reviewed the Practice Expense inputs for 95812 at that time making downward adjustments due to implementation of electronic medical records and to align with other recently RUC reviewed EEG codes. The RUC accepted the specialty society recommendations. CMS had concerns about implementing PE inputs without the corresponding work being reviewed therefore the RUC requested the specialty society survey and submit recommendations for 95812 at the January 2016 meeting.

An expert consensus panel composed of members of the participating societies familiar with the code in question and the RUC process reviewed the results. The panel confirmed the reliability of the survey and feels the 25th percentile RVW of 1.20 does not accurately represent the physician work, therefore **recommends maintaining the existing RVW of 1.08.** This value is supported by the key reference service, 95816 (Electroencephalogram; including recording awake and drowsy) which was surveyed in 2012.

The panel agrees with the survey median pre-service time of 5 minutes as an accurate representation of the work performed. The survey median post-service time of 10 minutes exceeds the current time and the panel asserts is not an appropriate representation of the post-service, rather the current post-service time of 5 minutes should be maintained. The panel further asserts the survey population likely included the report generation time in their post-service estimation, which should be represented in the intra-service time. It is the recommendation of the panel that the 5 minutes estimated for report generation be moved from the post-service to intra-service time; which is supported by the 75th percentile at 20 minutes. **Therefore, the panel recommendation is 5 minutes pre-service / 20 minutes intra service / 5 minutes post service.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95812

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 72435
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This number is three times the 2014 medicare claims reporting data for 95812, which we feel accurately represents the national reporting of this code for one year.

Specialty Neurology Frequency 67365 Percentage 93.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 24,145 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This number is the 2014 Medicare utilization from the RUC database.

Specialty Neurology Frequency 22455 Percentage 93.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:

Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 95812

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:95813 Tracking Number Original Specialty Recommended RVU: **1.63**
Presented Recommended RVU: **1.63**
Global Period: XXX RUC Recommended RVU: **1.63**

CPT Descriptor: Electroencephalogram (EEG) extended monitoring; greater than 1 hour.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient reports recurrent episodes of staring and confusion multiple times a day. Outpatient EEG with extended monitoring is being performed to capture the spells.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 15%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 2%

Description of Pre-Service Work: Review relevant portions of the patient's medical record to determine that this procedure is medically necessary. Review the results of any prior EEG tests performed. Instruct the technologist about any special techniques or montages required.

Description of Intra-Service Work: Supervise the technologist's preparation and performance of the test. Review the 60 minutes or greater of recorded data assessing for background rhythm, and physiologic and abnormal wave form changes (e.g., sharp waves, spike waves, spindles) during wakefulness and sleep, while adjusting the montage and filter accordingly to reduce artifacts and optimize visualization of various wave forms. Review the wave form changes specifically in response to activation procedures performed. Assess the normal and abnormal findings. Interpret the findings considering the clinical context and determine clinical correlation of the findings based on the patient's history. Generate a diagnostic interpretation report with clinical correlations based on the test's findings

Description of Post-Service Work: Make appropriate recommendations for further management and communicate with the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Marianna Spanaki, MD, PhD, MBA; Marc R. Nuwer, MD, PhD		
Specialty(s):	American Academy of Neurology, American Clinical Neurophysiology Society		
CPT Code:	95813		
Sample Size:	1251	**Resp N:** 87	**Response:** 6.9 %
Description of Sample:	US members of the AAN's Clinical Neurophysiology section and current US members of ACNS		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**40.00**	100.00	700.00
Survey RVW:	0.50	1.63	**1.99**	2.35	4.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	19.00	**25.00**	30.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95813	**Recommended Physician Work RVU: 1.63**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95864	XXX	1.99	**RUC Time**

CPT Descriptor Needle electromyography; 4 extremities with or without related paraspinal areas

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95810	XXX	2.50	**RUC Time**

CPT Descriptor Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95805	XXX	1.20	**RUC Time**	5,387

CPT Descriptor 1 Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99221	XXX	1.92	**RUC Time**	1,786,311

CPT Descriptor 2 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 16.0 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 16.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 95813	Top Key Reference CPT Code: 95864	2nd Key Reference CPT Code: **95810**
Median Pre-Service Time	5.00	10.00	15.00
Median Intra-Service Time	25.00	50.00	36.50
Median Immediate Post-service Time	5.00	13.50	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**35.00**	**73.50**	**66.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.50	1.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.79	0.93
Urgency of medical decision making	1.36	1.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.43	1.00

Physical effort required	0.21	0.21

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.43	1.21
Outcome depends on the skill and judgment of physician	0.71	1.14
Estimated risk of malpractice suit with poor outcome	0.79	1.14

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	0.57	1.29

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

As part of the 2014 Proposed Rule, CMS identified several codes (including 95813) as potentially misvalued and proposed reductions to the codes as part of the OPPS / ASC payment cap policy proposal. The proposal was to limit the practice expense payment through the physician payment schedule at the lower of two facility payment schedules, either the OPPS or ASC payment schedule. The RUC solicited feedback from specialty societies who were given the opportunity to develop Practice Expense Recommendations at the April 2014 meeting. The AAN reviewed the Practice Expense of 95813 at that time making downward adjustments to due to implementation of electronic medical records and to align with other recently RUC reviewed EEG codes. The RUC accepted the specialty society recommendations. CMS had concerns about implementing PE inputs without the corresponding work being reviewed therefore the RUC requested the specialty survey and submit recommendations for 95813 at the January 2016 meeting.

An expert consensus panel composed of members of the participating societies familiar with the code in question and the RUC process reviewed the results. The panel confirmed the reliability of the survey and feels the 25th percentile RVW of 1.63 is an accurate representation of the physician work, therefore **recommends the 25th percentile RVW of 1.63.**

The panel agrees with the survey median pre-service time of 5 minutes as an accurate representation of the work performed. The survey median post-service time of 10 minutes is a reduction from the current time which the panel feels could be further reduced as is not an appropriate representation of the post-service activities. The panel further asserts the survey population likely included the report generation time in their post-service estimation, which should be represented in the intra-service time. It is the recommendation of the panel that the 5 minutes estimated for report generation be included in the intra-service time; which is the current time of 30 minutes. **Therefore, the panel recommendation is 5 minutes pre-service / 30 minutes intra service / 5 minutes post service.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95813

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 66846
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This number is three times the 2014 medicare claims reporting data for 95813, which we feel accurately represents the national reporting of this code for one year.

Specialty Neurology Frequency 64841 Percentage 97.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 22,282 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This number is the 2014 Medicare utilization from the RUC database.

Specialty Neurology Frequency 21614 Percentage 97.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 95813

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:95957 Tracking Number Original Specialty Recommended RVU: **1.98**
Presented Recommended RVU: **1.98**
Global Period: XXX RUC Recommended RVU: **1.98**

CPT Descriptor: Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient with intractable localization-related epilepsy is undergoing presurgical evaluation for resection of the epileptogenic region. Previous (separately reported) EEGs interpreted visually and using automated spike detection suggest right hemispheric onsets. In order to localize the seizure focus with greater accuracy, EEG digital analysis of the previously obtained EEGs is ordered using a 3D single dipole source localization analysis of averaged epileptogenic spikes.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 19%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 4%

Description of Pre-Service Work: Identify portions of previously performed EEG recordings suitable for analysis based on the presence of sufficient epileptic spikes and relative absence of confounding factors such as muscle activity.

Description of Intra-Service Work: The physician reviews each spike's time markings and categories as have been separated and flagged by the EEG technologist. Outlier spikes are reviewed. For each outlier, the physician decides whether to change the spike's category or eliminate it. Spikes in each final category are averaged together. The physician reviews a three-dimensional map of the spike generator location for each spike category that has been co-registered onto the patient's MRI image or displayed in a similar manner so as to correlate the locations with the patient's anatomical structures. Assess the statistical quality of the analysis, and assure that the locations determined are clinically reliable. Review the patient's medical records for clinical correlations with MRI, PET, MEG, video-EEG recordings, neuropsychometric testing, seizure semiology, and other clinical relevant information. Determine if additional mappings are necessary for additional review. Review the technologist's report that identifies location of each identified epileptic spike generators. Compose a report interpreting the meaning of these results in the clinical context of the patient's presentation.

Description of Post-Service Work: Generate digitial analysis findings for presentation at surgical case conference. Make appropriate recommendations for further management, e.g. impact on location of proposed surgical cortical resection. Communicate with the referring physician and surgeon.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Marianna Spanaki, MD, PhD, MBA; Marc R. Nuwer, MD, PhD		
Specialty(s):	American Academy of Neurology, American Clinical Neurophysiology Society		
CPT Code:	95957		
Sample Size:	1251	**Resp N:** 54	**Response:** 4.3 %
Description of Sample:	US members of the AAN's Clinical Neurophysiology section and current US members of ACNS		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**10.00**	50.00	1000.00
Survey RVW:	0.50	2.00	**2.45**	2.74	6.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	20.00	**30.00**	49.00	240.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	95957	**Recommended Physician Work RVU: 1.98**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95810	XXX	2.50	**RUC Time**

CPT Descriptor Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95939	XXX	2.25	**RUC Time**

CPT Descriptor Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95861	XXX	1.54	**RUC Time**	33,081

CPT Descriptor 1 Needle electromyography; 2 extremities with or without related paraspinal areas.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99215	XXX	2.11	**RUC Time**	9,240,506

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
99223	XXX	2.00	**RUC Time**

CPT Descriptor Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the

patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 38.8 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 95957	Top Key Reference CPT Code: 95810	2nd Key Reference CPT Code: **95939**
Median Pre-Service Time	15.00	15.00	15.00
Median Intra-Service Time	30.00	36.50	30.00
Median Immediate Post-service Time	10.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**55.00**	**66.50**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.52	0.78
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.43	1.33
Urgency of medical decision making	1.10	0.44

Technical Skill/Physical Effort (Mean)

Technical skill required	1.14	1.33
Physical effort required	0.67	1.11

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	1.00	0.44
Outcome depends on the skill and judgment of physician	1.24	0.67
Estimated risk of malpractice suit with poor outcome	0.95	0.56

INTENSITY/COMPLEXITY MEASURES	**Top Key Ref Code**	**2nd Key Ref Code**
Time Segment (Mean)		
Overall intensity/complexity	1.29	1.33

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

As part of the NPRM for 2016 CMS ran a high expenditure screen across specialties with Medicare allowed charges of $10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges. Code 95957 was identified in this screen prompting the specialty societies to survey and develop recommendations for the January 2016 meeting.

An expert consensus panel composed of members of the participating societies familiar with the code in question and the RUC process reviewed the results. The panel confirmed the reliability of the survey and feels the 25th percentile RVW of 2.00 is slightly high representation of the physician work, therefore **recommends maintaining the existing RVW of 1.98.** This value is supported by crosswalk comparison to Subsequent Hospital Care code 99223 which has a work RVW of 2.00 and pre / intra / post-times of 10 / 30 / 15 with an IWPUT of 0.0480.

The panel agrees with the survey median pre-service time of 15 minutes as well as the survey median intra-service time of 30 minutes and the survey median post-service time of 10 minutes, therefore recommends **15 minutes pre-service / 30 minutes intra service / 10 minutes post service.** This recommendation is a reduction to intra-service time of 30 minutes, however an increase to both the pre and post service time. The panel asserts that the current pre / intra / post-service times are not an accurate reflection of the actual service times, specifically as there is no pre or post time currently assigned to the service. The current time allocations across pre / intra / post services times are incorrect due to flawed methodology used to establish time in 1994 when the code was established.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95957

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 166,785
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This number is three times the 2014 medicare claims reporting data for 95957, which we feel accurately represents the national reporting of this code for one yeaR.

Specialty Neurology Frequency 156778 Percentage 94.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 55,595 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This number is the 2014 Medicare utilization from the RUC database.

Specialty Neurology Frequency 52260 Percentage 94.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 95957

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Electroencephalogram

TAB: 50

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	95816	EEG Awake and drowsy	30	0.056			1.08			26	5					15			6
2nd REF	95805	Multiple sleep latency test	29	0.026			1.20			50	15					20			15
CURRENT	95812	EEG 41-60 minutes		0.016			1.08			65	5					55			5
SVY	95812	EEG 41-60 minutes	87	0.078	0.50	1.20	1.50	1.80	3.50	30	5			1	14	15	20	60	10
REC	95812	EEG 41-60 minutes		0.057			1.08			25	5					15			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	95864	Muscle test 4 limbs	14	0.029			1.99			73.5	10					50			13.5
2nd REF	95810	Polysom 6/> yrs 4/> paramaters	14	0.050			2.50			66.5	15					37			15
CURRENT	95813	EEG over 1 hour		0.035			1.73			60	15					30			15
SVY	95813	EEG over 1 hour	87	0.066	0.50	1.63	1.99	2.35	4.50	40	5			1	19	25	30	60	10
REC	95813	EEG over 1 hour		0.056			1.63			35	5					25			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	95810	Polysom 6/> yrs 4/> paramaters	21	0.050			2.50			66.5	15					37			15
2nd REF	95939	C motor evoked upr & lwr limb	9	0.053			2.25			60	15					30			15
CURRENT	95957	EEG digital analysis		0.033			1.98			60						60			
SVY	95957	EEG digital analysis	54	0.063	0.50	2.00	2.45	2.74	6.00	55	15			0	20	30	49	240	10
REC	95957	EEG digital analysis		0.047			1.98			55	15					30			10

____50_____
Tab Number

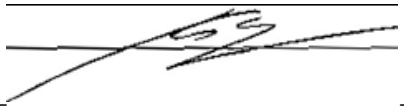
_____Electroencephalogram___
Issue

_____95812, 95813, 95957_____
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



__ _____
Signature

_Marianna V. Spanaki MD, PhD_____
Printed Signature

___American Academy of Neurology_____
Specialty Society

___12/14/2015_____
Date

50
Tab Number

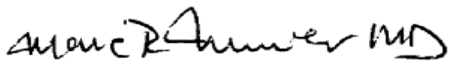
EEG
Issue

95812-95813, 95957
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Marc R Nuwer
Printed Signature

American Clinical Neurophysiology Society
Specialty Society

Dec 11, 2015
Date

CPT Code:_95812_____
Specialty Society(‘s)__AAN, ACNS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
Electroencephalogram (EEG) extended monitoring; 41-60 minutes

Global Period:__XXX___ Meeting Date: _January 2016_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Advisors and subject matter experts from AAN and ACNS met by phone and via email to review the inputs and make recommendations

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The PE inputs for 95812 were reviewed and accepted by the RUC in April of 2014, however were reduced as part of the PE Refinement process by CMS in the 2016 Final Rule. The revised PE inputs for 95812 were used as starting point, with adjustments made to reaffirm the inputs previously approved by the RUC which the specialty societies feel accurately reflect the service. The CMS rationale for reducing clinical labor inputs for “assist physician in performing procedure” was to *“refine clinical labor time to match physician intra-service time.”* The specialty society expert panel disagrees as a portion of 95812 is performed and attended by the technologist without the physician present and exceeds the physician time; therefore the clinical labor and physician times are not congruent.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The specialty societies are reaffirming the PE inputs approved by the PE Subcommittee at the April 2014 meeting. The current inputs reflect PE refinements implemented by CMS as part of the 2016 Final Rule. The societies disagree with the CMS rationale and are requesting the previously RUC approved inputs.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Review requisition. Assess for special needs. Give patient/family member instructions for test preparation (e.g. hair preparation instructions, etc.) and what to expect on the day of testing. Prepare room, supplies, and equipment.

Intra-Service Clinical Labor Activities:

Greet and gown patient. Explain procedure. Take a brief history. Have patient use the bathroom; position patient for testing. Measure precise head positions and glue on 25-33 electrodes. Check impedances, and correct impedance problems. Calibrate system. Coach patient on how to relax during the testing, and readjust patient position to minimize muscle tension. Record EEG for 50 minutes. Troubleshoot as needed. Monitor continuously for abnormalities. Adjust filters, montages as needed to define better any abnormalities. Hyperventilate patient for 3 minutes, and observe post-hyperventilation state for another 3 minutes. Position photic stimulator, and deliver photic stimulation at 10 frequencies. Document activation techniques and events. Remove electrodes. Wash paste out of patient’s hair at each electrode site. Review results. Complete worksheets and technical interpretation. Release patient. Give discharge instructions.

Post-Service Clinical Labor Activities:

Prepare technical and coding worksheet reports. Complete Medical Record and EEG log book. Transfer file onto storage disk. Transfer file onto physician’s review station. Restock supplies and clean electrodes.

CPT Code:_95813_____
Specialty Society(‘s)__AAN, ACNS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
Electroencephalogram (EEG) extended monitoring; greater than 1 hour

Global Period:__XXX___ Meeting Date: _January 2016_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Advisors and subject matter experts from AAN and ACNS met by phone and via email to review the inputs and make recommendations

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The PE inputs for 95813 were reviewed and accepted by the RUC in April of 2014, however were reduced as part of the PE Refinement process by CMS in the 2016 Final Rule. The revised PE inputs for 95813 were used as starting point, with adjustments made to reaffirm the inputs previously approved by the RUC which the specialty societies feel accurately reflect the service. The CMS rationale for reducing clinical labor inputs for “assist physician in performing procedure” was to *“refine clinical labor time to match physician intra-service time.”* The specialty society expert panel disagrees as a portion of 95813 is performed and attended by the technologist without the physician present and exceeds the physician time; therefore the clinical labor and physician times are not congruent.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The specialty societies are reaffirming the PE inputs approved by the PE Subcommittee at the April 2014 meeting. The current inputs reflect PE refinements implemented by CMS as part of the 2016 Final Rule. The societies disagree with the CMS rationale and are requesting the previously RUC approved inputs.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Review requisition. Assess for special needs. Give patient/family member instructions for test preparation (e.g. hair preparation instructions, etc.) and what to expect on the day of testing. Prepare

room, supplies, and equipment.

Intra-Service Clinical Labor Activities:

Greet and gown patient. Explain procedure. Take a brief history. Have patient use the bathroom; position patient for testing. Measure precise head positions and glue on 25-33 electrodes. Check impedances, and correct impedance problems. Calibrate system. Coach patient on how to relax during the testing, and readjust patient position to minimize muscle tension. Record EEG for 80 minutes. Troubleshoot as needed. Monitor continuously for abnormalities. Adjust filters, montages as needed to define better any abnormalities. Hyperventilate patient for 3 minutes, and observe post-hyperventilation state for another 3 minutes. Position photic stimulator, and deliver photic stimulation at 10 frequencies. Document activation techniques and events. Remove electrodes. Wash paste out of patient’s hair at each electrode site. Review results. Complete worksheets and technical interpretation. Release patient. Give discharge instructions

Post-Service Clinical Labor Activities:

Prepare technical and coding worksheet reports. Complete Medical Record and EEG log book. Transfer file onto storage disk. Transfer file onto physician’s review station. Restock supplies and clean electrodes.

CPT Code:_95957_____
Specialty Society(‘s)__AAN, ACNS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)

Global Period:__XXX___ Meeting Date: _January 2016_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

Advisors and subject matter experts from AAN and ACNS met by phone and via email to review the inputs and make recommendations

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

We used the existing PE inputs for 95957, as a starting point and made updates to reflect new time standards and change in technology since that time.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

The expert panel recommends an intra service time of 111 minutes for the clinical labor activities which is an increase from the current inputs of 30 minutes intra time. Please note the recommended *total* clinical labor time is an increase of 6 minutes (105 – 111). The recommendation of 111 minutes was arrived at by polling active US members of the National Association of Epilepsy Centers on the typical amount of minutes the technologist spends on activities for code 95957. The mean response was 111 minutes, 22 for pre-service activities and 89 minutes for intra-service activities.
The expert panel asserts the existing clinical labor inputs are incorrect due to flawed methodology used to establish clinical labor minutes in 1994 when the code was established. Inputs from existing routine electroencephalogram codes were extrapolated to develop the breakout of minutes based upon the accepted practice in use at that time. This is no longer accurate as the work involved in the digital analysis of an EEG is inherently different from that of a routine EEG.
All supply inputs as well as clinical labor minutes allocated to patient interaction (75 minutes) have been removed as the patient is not present for the service. The reduction in minutes does not signify activities that are no longer performed by the technologist, rather the original inputs were incorrect.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Import into the analysis system the EEG recordings identified by the physician as suitable for analysis based on the presence of sufficient epileptic spikes and lack of confounding factors.
- Identify that the EEGs were recorded in a manner technically compatible with the dipole analysis software.
- Obtain medical records for use in the clinical correlation.
- Locate, select and obtain digital access to the patient’s brain MRI images for co-registration.

Intra-Service Clinical Labor Activities:

- Using spike detection software, run an initial dipole analysis on the averaged spikes in each category.
- Separate and identify each spike’s time markings and category for physician review.
- Identify outlier spikes through goodness of fit routines.
- After physician review of outliers, run additional dipole analysis. A three-dimensional map of the spike generator location is created for each spike category.
- Each spike generator location and its dipole direction is co-registered onto the patient’s MRI image or displayed in a similar manner so as to correlate the locations with the patient’s anatomical structures.
- This process is typically repeated at least one additional time pending physician review and request for additional mappings in order to complete additional review.
- Initiate a template report indicating the location of the identified epileptic spike generators.

Post-Service Clinical Labor Activities:

No post service activities

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**95812**		**95812**		**95813**		**95813**		**95957**		**95957**	
3	**Meeting Date: January 2016** **Tab: 50-REVISED** **Specialty: AAN, ACNS**	**CMS Code**	**Staff Type**	Electroencephalogram (EEG) extended monitoring; 41-60 minutes		Electroencephalogram (EEG) extended monitoring; 41-60 minutes		Electroencephalogram (EEG) extended monitoring; greater than 1 hour		Electroencephalogram (EEG) extended monitoring; greater than 1 hour		Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)		Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**		**XXX**		**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**	**L047B**	**REEGT**	**108.0**	**0.0**	**114.0**	**6.0**	**138.0**	**0.0**	**148.0**	**6.0**	**105.0**	**0.0**	**111.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L047B**	**REEGT**	**6.0**	**0.0**	**6.0**	**6.0**	**6.0**	**0.0**	**6.0**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L047B**	**REEGT**	**102.0**	**0.0**	**108.0**	**0.0**	**132.0**	**0.0**	**142.0**	**0.0**	**105.0**	**0.0**	**111.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L047B**	**REEGT**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10	**PRE-SERVICE**														
11	**Start: Following visit when decision for surgery or procedure made**														
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA			3	3			3	3				
13	Coordinate pre-surgery services	~~L047B~~	~~REEGT~~	**3**				**3**							
14	Schedule space and equipment in facility														
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	**3**		**3**	3	**3**		**3**	3				
16	Follow-up phone calls & prescriptions														
17	Other Clinical Activity - *specify:*														
18	**End: When patient enters office/facility for surgery/procedure**														
19	**SERVICE PERIOD**														
20	**Start: When patient enters office/facility for surgery/procedure:**														
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L047B**	**REEGT**	**3**		**3**		**3**		**3**					
22	Obtain vital signs	**L047B**	**REEGT**	**3**		**0**		**3**		**0**					
23	Provide pre-service education/obtain consent														
24	Prepare room, equipment, supplies														
25	Setup scope (non facility setting only)														
26	Prepare and position patient/ monitor patient/ set up IV														
27	Sedate/apply anesthesia														
28	Other Clinical Activity - specify: (95812, 95813) Measure and mark head. Apply and secure electrodes to head and chest. Check impedances, reapply electrodes as needed.	**L047B**	**REEGT**	**20**		**20**		**20**		**20**					
29	Other Clinical Activity - specify (95957) import EEG recordings, confirm EEG recordings are compatible with dipole analysis software, obtain medical records and MRI images for co-registration													**22**	
30	**Intra-service**														
31	Perform procedure	**L047B**	**REEGT**	**50**		62		**80**		96					
32	Assist physician/moderate sedation (% of physician time)														
33	Prep and postion patient	**L047B**	**REEGT**									**30**		**0**	
34	Calibrate equipment	**L047B**	**REEGT**									**15**		**0**	
35	Teach patient to use equipment	**L047B**	**REEGT**									**5**		**0**	
36	Remove wires from patient and clean patient	**L047B**	**REEGT**									**25**		**0**	
37	Prepare data for physician review 95957 (Prepare dipole analysis data for physician review, generate 3-D mapping and template report of spike generator location)	**L047B**	**REEGT**									**30**		**89**	
38	**Post-Service**														
39	Monitor pt. following moderate sedation														
40	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)														
41	Clean room/equipment by physician staff	**L047B**	**REEGT**	**3**		**3**		**3**		**3**					
42	Clean Scope														
43	Clean Surgical Instrument Package														
44	Complete diagnostic forms, lab & X-ray requisitions	**L047B**	**REEGT**	**3**		**0**		**3**		**0**					
45	Review/read X-ray, lab, and pathology reports														
46	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions														
47	Other Clinical Activity - *specify: clean patient, remove electrodes*	**L047B**	**REEGT**	**20**		**20**		**20**		**20**					
48	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
49	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
50	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
51	**End: Patient leaves office**														
52	**POST-SERVICE Period**														
53	**Start: Patient leaves office/facility**														
54	Conduct phone calls/call in prescriptions														
55	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
56	99211 16 minutes		16												
57	99212 27 minutes		27												
58	99213 36 minutes		36												
59	99214 53 minutes		53												
60	99215 63 minutes		63												
61	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
62	Other Clinical Activity - *specify:*														
63	*Prepare technician report in EEG file*	**L047B**	**REEGT**	**3**		**3**		**3**		**3**					
64	*Enter patient information into laboratory log book*	**L047B**	**REEGT**	**0**				**0**							
65	*Transfer data to reading station & archive data*	**L047B**	**REEGT**	**2**		**2**		**2**		**2**					
66	**End: with last office visit before end of global period**														
67	**MEDICAL SUPPLIES***	**CODE**	**UNIT**												
68	pack, minimum multi-specialty visit	SA048	pack												
69	electrode, EEG, tin cup (12 pack uou)	SD054	item	**2**		**2**		**2**		**2**					
70	electrode skin prep gel (NuPrep)	SJ022	ml	**100**		**100**		**100**		**100**		**10**		**0**	
71	collodion (2oz uou)	SJ014	item	**1**		**1**		**1**		**1**		**1**		**0**	
72	bandage, Kling, non-sterile 2in	SG017	item	**2**		**2**		**2**		**2**		**20**		**0**	
73	gown, patient	SB026	item	**1**		**1**		**1**		**1**		**1**		**0**	
74	needle, blunt tip	SC034	item	**1**		**1**		**1**		**1**		**1**		**0**	
75	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**		**1**		**0**	
76	paper, exam table	SB036	foot									**7**		**0**	
77	acetone	SL001	ml	**15**		**15**		**15**		**15**		**15**		**0**	
78	electrode, ECG (single)	SD053	item	**3**		**3**		**3**		**3**		**2**		**0**	
79	gloves, non-sterile	SB022	pair	**1**		**1**		**1**		**1**		**2**		**0**	
80	skin marking pen, sterile (Skin Skribe)	SK075	item	**0.1**		**0.1**		**0.1**		**0.1**					
81	syringe 3ml	SC055	item	**1**		**1**		**1**		**1**		**1**		**0**	
82	tape, surgical paper 1in (Micropore)	SG079	inch	**42**		**42**		**42**		**42**					
83	electrode conductive gel	SJ020	ml	**5**		**5**		**5**		**5**		**1**		**0**	
84	povidone soln (Betadine)	SJ041	ml	**10**		**10**		**10**		**10**		**10**		**0**	
85	measuring tape, paper	SK048	item	**1**		**1**		**1**		**1**		**1**		**0**	
86	gauze, non-sterile 4in x 4in	SG051	item	**1**		**1**		**1**		**1**					
87	gauze, sterile 4in x 4in (10 pack uou)	SG056	item									**1**		**0**	
88	swab-pad, alcohol	SJ053	item	**2**		**2**		**2**		**2**		**2**		**0**	
89	tape, porous-hypoallergenic 2in (Scanpore)	SG077	inch									**6**		**0**	
90	**EQUIPMENT**	**CODE**													
91	bedroom furniture (hospital bed, table, reclining chair)	EF003		**99**		**108**		**129**		**142**					
92	air compressor, safety	EQ047		**20**		**20**		**20**		**20**					
93	EEG, digital, prolonged testing system (computer with remote camera)	EQ017		**99**		**108**		**129**		**142**					
94	EEG review station, ambulatory	EQ016		**20**		**20**		**30**		**30**				**141**	
95	EEG analysis software	EQ013										**90**		**119**	
96	PACS Workstation Proxy	ED050										**105**			

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request - NPRM for 2016

January 2016

Electronic Analysis of Implanted Neurostimulator Pulse Generator System

CPT codes 95971-95973 were recently reviewed for CY 2015. Due to significant time changes in the base codes, CMS requested that the entire family should be considered as potentially misvalued and reviewed in a manner consistent with review of CPT codes 95971, 95972 and 95973. The RUC added CPT codes 95970 and 95974-95982 to the list of potentially misvalued services to review based on the CMS request.

In January 2016, the specialty societies indicated they have actively worked with the CPT Assistant Editorial Board to alleviate incorrect reporting of these services, however, confusion remains giving the existing code language. The specialty societies indicated that they will revise the code language to more clearly define what is required for one of the parameters to be considered "changed" as well as correct the reporting of simple programming for cranial neurostimulators. **The RUC refers 95970 and 95974-95982 to the CPT Editorial Panel for revision.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
95970	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming	XXX	Refer to May 2016 CPT
95974	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour	XXX	Refer to May 2016 CPT

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95975	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	ZZZ	Refer to May 2016 CPT
95978	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour	XXX	Refer to May 2016 CPT
95979	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	ZZZ	Refer to May 2016 CPT
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	XXX	Refer to May 2016 CPT
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	XXX	Refer to May 2016 CPT

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95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	XXX	Refer to May 2016 CPT

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December 14, 2015

Peter K. Smith, M.D.
Chair, RVS Update Committee
American Medical Association
AMA Plaza
330 N. Wabash Avenue
Chicago, IL 60611-5885

Dear Dr. Smith,

CPT codes 95971, 95972, 95973 were reviewed by the RUC in 2015. Due to significant time changes in the base codes, as part of the NPRM for 2016 CMS requested that the entire family of Neurostimulator analysis and programming codes be considered as potentially misvalued and reviewed including 95970, 95974 – 95982. All were added to the potentially misvalued services list by the RUC.

Neurology is the primary specialty that utilizes codes 95970, 95974, 95975, 95978 and 95979:

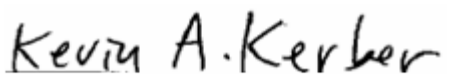
95970	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming
95974	; complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour
95975	; complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour
95978	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour
95979	; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)

The American Academy of Neurology (AAN) has actively worked with AMA CPT staff to alleviate incorrect reporting of the services via *CPT Assistant* [1], however confusion remains given the existing code language. The AAN has identified subject matter experts to review and revise the code language for the codes listed above, specifically to more clearly define what is required for one of the parameters to be considered "changed" as well as the correct reporting of simple reprogramming for cranial nerve neurostimulators.

Therefore, the AAN is unable to survey codes **95970, 95974, 95975, 95978 and 95979** for the October RUC meeting. Rather, we request to present revised code language for the May 2016 CPT Editorial Panel meeting. Once the new code language is approved, the AAN will be happy to survey the revised codes as requested by the RUC.

We appreciate the RUC's consideration of the AAN's recommendation and look forward to assisting with the revision and valuation of this code set.

Sincerely,



Kevin A. Kerber, MD

RUC Advisor, AAN



Marianna V. Spanaki, MD, PhD, MBA

RUC Advisor, AAN

[1] *CPT Assistant Online*, Frequently Asked Questions: Medicine: Neurostimulators, Analysis-Programming, October 2012 issue, https://ocm.ama-assn.org/OCM/CPTAA/Newsletters.do

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Psychological and Neuropsychological Testing

In the Final Rule for 2016 CMS re-ran the 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. CPT codes 96101, 96116 and 96118 were identified as part of this screen.

CPT code 96116 had an interest from an MD/DO specialty society and was scheduled to be reviewed by the RUC. The remaining codes in this family had a non-MD interest and were scheduled to be reviewed by the HCPAC. In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. **The RUC recommends the entire psychological and neuropsychological testing codes be referred to the October 2016 CPT Editorial Panel meeting for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	XXX	Refer to October 2016 CPT

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96102 (f)	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	XXX	Refer to October 2016 CPT
96103 (f)	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report	XXX	Refer to October 2016 CPT
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	XXX	Refer to October 2016 CPT
96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	XXX	Refer to October 2016 CPT
96119 (f)	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	XXX	Refer to October 2016 CPT
96120 (f)	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	XXX	Refer to October 2016 CPT
96125 (f)	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	XXX	Refer to October 2016 CPT

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96127 (f)	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	XXX	Refer to October 2016 CPT

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December 10, 2015

Peter K. Smith, M.D.
Chair, RVS Update Committee
American Medical Association
AMA Plaza
330 N. Wabash Avenue
Chicago, IL 60611-5885

Re: RUC Tab 53, RUC HCPAC Tab 57

Dear Dr. Smith:

The American Psychological Association (APA) and the American Academy of Neurology (AAN) are not able to survey the NPRM-identified CPT codes 96101, 96116, and 96118 at this time. After close review and extended discussions of the multiple issues surrounding these (and related) codes, we are immediately undertaking a complete review of the standards of modern practice for psychological and neuropsychological testing.

Testing practice has been significantly altered by the growth and availability of technology. The codes do not reflect the multiple standards of practice. The result is confusion about how to apply the codes, and the presence of inaccurate guidance in the vendor marketplace. The practice changes leave us with some outmoded CPT code descriptors that are unlikely to garner meaningful data in a RUC survey.

We understand that CMS and the RUC wish for the codes to be reviewed through the AMA process. We do have an action plan:

APA will immediately commission an expert task force to identify and describe the current standards of practice for the profession. When that is completed, we fully expect to revise the CPT codes for psychological and neuropsychological testing. Following the revisions, APA and AAN will survey the revised codes.

We identify the family of codes as:

- 96101 psychological testing, administered by professional
- 96102 psychological testing, administered by technician
- 96103 psychological testing, administered by computer
- 96116 behavioral status exam
- 96118 neuropsychological testing, administered by professional

- 96119 neuropsychological testing, administered by technician
- 96120 neuropsychological testing, administered by computer

We appreciate the opportunity to assist with the maintenance of both the CPT code set and the Medicare Physician Fee Schedule.

Please contact Debra Lansey at the American Psychological Association DLansey@apa.org or (202) 336-5896, if there are questions or concerns.

Sincerely,

Kevin A. Kerber, MD.
Advisor, American Academy of Neurology

Randy Phelps, Ph.D.
Advisor, American Psychological Association

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Special Radiation Treatment

In the Final Rule for 2016 CMS re-ran the screen for 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.

This service is only reported in situations where significant additional work is required to treat the patient. Proper documentation demonstrating medical necessity is always required with 77470. This code can only be reported once for the entire course of therapy and would not be reported alone. To ensure there is no duplication of work with other services this code is reported with, typically CPT code 77263 *Therapeutic radiology treatment planning; complex,* the specialty society and RUC do not recommend any pre time. The specialty society indicated and the RUC recommends 5 minutes of physician post time for the physician to document the added planning and evaluation work and dictate a note. The specialty society clarified that the physician work includes the fusion of the PET CT with the simulation scan. The radiation therapist must go with the patient and immobilization device in order to obtain the PET CT scan. The radiation therapist does not do this at the same time as the physician work.

77470 ***Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)***
The RUC reviewed the survey results from 126 radiation oncologists and recommends the following physician time components: pre-service time of 0 minutes, intra-service time of 50 minutes and immediate post-service time of 5 minutes.

The RUC reviewed the survey respondents' work values and determined that the survey 25th percentile work value of 2.03 appropriately captures the work and complexity of this service. The RUC noted that it is not appropriate to compare the surveyed time to the current CMS/Other source time, which represents time, not derived from a survey, but assigned by CMS over 20 years ago. The RUC compared the service to key reference service CPT code 77307, *Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)* (work RVU = 2.90, intra time of 80 minutes) and noted that the reference code has more intra-service and total time compared to the surveyed code, justifying the greater work value. For additional support the RUC compared 77470 to 99215 *Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are*

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spent face-to-face with the patient and/or family. (work RVU = 2.11, total time of 55 minutes) and noted that the reference code has identical total time and is slightly more intense to perform, justifying the greater work value. **The RUC recommends a work RVU of 2.03 for CPT code 77470.**

Practice Expense
The RUC reviewed and approved the direct practice expense inputs as submitted by the specialty society and approved by the Practice Expense Subcommittee.

Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	XXX	2.03

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77470 Tracking Number Original Specialty Recommended RVU: **2.09**
Presented Recommended RVU: **2.03**
Global Period: XXX RUC Recommended RVU: **2.03**

CPT Descriptor: Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male with stage IIIA non- small cell lung cancer will be treated with chemo/radiotherapy preoperatively.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The physician incorporates a range of information from the combination of tumor locations derived from multiple imaging and other diagnostic procedures, including the integration of pulmonary function testing. The physician evaluates regions of hypoventilation by reviewing the ventilation perfusion scans to functionally adapt and optimize sparing of ventilated lung. The physician reviews and adjusts the fusion of the ungated and/or gated PET study in the treatment position with the CT images.

To do this he/she modulates the SUV edge detection threshold to improve the clarity of target volume definition and then confirms the presence of an anatomic correlate (parenchymal mass or lymph node) within volumes above the selected threshold (typically SUV >2.5-3). Any discrepancies between the target volume identified in this manner and the target identified using 4D CT imaging must be reconciled by the physician.

The physician considers and then creates an alternate therapeutic treatment contingency, often more than one, if surgery is unable to be performed after the pre-op chemoradiation. Contingencies may include proceeding with full dose RT, switching to a palliative fractionation scheme or the possibility of discontinuing treatment altogether. This work includes reviewing boost plans for full dose RT that also take into consideration the limitations of the surrounding organs at risk such as the spinal cord, esophagus, heart and lungs and their respective tolerance doses. If the patient either elects to decline surgery, restaging studies after the initial chemoradiation show new distant disease, or the tumor proves to be technically unresectable at the time of exploration, the physician commits to one of the contingency plans based on the clinical scenario.

Description of Post-Service Work: The physician verifies and documents the added planning and evaluation work and dictates a note.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016				
Presenter(s):	Michael Kuettel, MD, PhD, Peter Orio, MD, Gerald White, MS, James Goodwin, MS				
Specialty(s):	Radiation Oncology				
CPT Code:	77470				
Sample Size:	4411	**Resp N:**	126	**Response:** 2.8 %	
Description of Sample:	All US/MD members of ASTRO				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	40.00	**55.00**	100.00	1500.00
Survey RVW:	0.90	2.03	**2.83**	3.80	12.14
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	7.00	30.00	**50.00**	60.00	120.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77470	**Recommended Physician Work RVU: 2.03**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**50.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77307	XXX	2.90	**RUC Time**

CPT Descriptor Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99215	XXX	2.11	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99233	XXX	2.00	**RUC Time**	21,880,397

CPT Descriptor 1 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99215	XXX	2.11	**RUC Time**	9,240,506

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 27 **% of respondents:** 21.4 **%**

Number of respondents who choose 2nd Key Reference Code: 23 **% of respondents:** 18.2 **%**

TIME ESTIMATES (Median)	**CPT Code:** 77470	**Top Key Reference CPT Code:** 77307	**2nd Key Reference CPT Code:** **99215**
Median Pre-Service Time	0.00	3.00	5.00
Median Intra-Service Time	50.00	80.00	35.00
Median Immediate Post-service Time	5.00	3.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**55.00**	**86.00**	**55.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	**2nd Key Ref Code**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.56	0.61

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.67	0.78
Urgency of medical decision making	0.56	0.70

Technical Skill/Physical Effort (Mean)

Technical skill required	0.59	0.74
Physical effort required	0.33	0.61

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.70	1.00
Outcome depends on the skill and judgment of physician	0.74	1.00
Estimated risk of malpractice suit with poor outcome	0.70	1.09

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code
Time Segment (Mean)		
Overall intensity/complexity	0.76	1.04

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The RUC identified, as part of the CMS High Expenditure Procedures Screen, CPT 77470 (Special radiation treatment procedure), which has both a PC and TC. The PC describes the additional physician effort and work. CPT code 77470 is only reported in situations where significant additional work is required to treat the patient. Proper documentation demonstrating medical necessity is always required with 77470. This code can only be billed once for the entire course of therapy.

The Research Subcommittee approved the vignette for 77470, with slight modifications.

ASTRO conducted a survey, with a 4411 sample size, and collected 126 random surveys (2.8% response rate). ASTRO convened a panel that included a number of experts familiar with this service to evaluate the RUC survey data. ASTRO recommends maintaining a current wRVU of 2.09 for CPT 77470.

Our rationale for this recommendation is based on multiple factors described below.

Radiation Oncology Process of Care
Step 1 Consultation
Step 2 Clinical Treatment Planning

Step 3 Treatment Devices/Special Treatment Procedures
Step 4 Simulation
Step 5 Physics and Dosimetry
Step 6 Delivery and Management
Step 7 F/U Care

Billed Together

It is not uncommon for a physician to report a treatment planning code (77263) with the special treatment procedure (77470). The current billed together data indicates that CPT code 77263 is reported approximately 60% of the time with 77470.

Treatment planning (77263) is the second step in the process of care for treating a radiation oncology patient, the first being the initial consultation with the radiation oncologist. That consultation is where the radiation oncologist has their initial visit with the patient. They do H&P, discuss relevant statistics, discuss general options (i.e. external beam, brachytherapy, etc) and then the patient goes home to consider whether they will pursue radiation or not. Treatment planning starts when the patient decides to move forward with radiation. In this second step of "the process" the radiation oncologist determines the specific type of radiation, the total dose(s), the volumes, the fractionation schedule, whether they will need IGRT, what type of blocking, etc. They will order/review additional imaging studies if needed. They will then meet with the patient, go over the plan, the side effects (i.e. pain, burns, tissue damage, loss of taste, etc), do an informed consent and move forward with the process.

The work of a special treatment procedure (77470), Step 3 in the 'radiation process', describes the additional physician work for highly complex radiation cases. A common example of that would be preoperative chemo/radiotherapy. Documentation in the chart outlining the medical necessity of 77470 will be in the chart. The specialty society also gives guidance on when it is appropriate to report a 77470.

We are confident there is no duplication of tasks if these services are reported together. They have distinct tasks per step (as outlined above). To ensure there is no duplication in work in pre time when/if the codes are reported together, we are not recommending any pre time for the device code (77470). We are recommending 5 minutes of physician post time for the physician to document the added planning and evaluation work and dictate a note.

Vignette

The vignette is a 68-year-old male with stage IIIA non- small cell lung cancer treated with chemo/radiotherapy preoperatively. Lung cancer is the top diagnosis for use of this code. 91% of our survey respondents felt the vignette was typical.

Time

CPT Code 77470 has an XXX global period. As such, there are no standard pre/post time packages. The specialty is recommending 0 minutes of pre time and 5 minutes of post time. Our current surveyed total time was 80 minutes (15,50, 15). ASTRO is recommending the median survey time for intra (50) for a total of 55 minutes (0, 50, 5). This is lower than the surveyed time (80 minutes), and equal to the existing time (55 minutes).

IWPUT

The surveyed code 77470 will have an IWPUT of 0.040, maintaining rank order relationship within the family of radiation codes, as well as with the 1st (0.035) and 2nd (0.047) reference codes chosen by the respondents.

Comparison to the Key Reference Services

The key reference service code was CPT 77307, Teletherapy isodose plan, complex. This key reference code was most often selected (21.4%) by the survey respondents. This code has a total time of 86 minute (3, 80, 3), an IWPUT of 0.035, and a wRVU of 2.90. The second key reference code 99215, Office or other outpatient visit for the evaluation and management of an established patient was selected by 18.2%, with a total time of 55 minutes (5, 35, 15), an IWPUT of 0.047, and a wRVU of 2.11. Both codes have similarities, and are well understood by membership. We believe that these two reference codes were an appropriate selection by our survey respondents and fits nicely with our survey data.

Relativity

Our recommendation maintains relativity compared to the reference codes, and codes within the radiation oncology family.

Recommendation

We are recommending the current RVUw of 2.09, pre service: 0 minutes, median intra time of 50 minutes, and post service time of 5 minutes, for a total time of 55 minutes. The expert panel believes that our survey supports our recommendation.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. The current billed together data indicate that CPT Code 77263 may be billed with 77470. XXX wRVUs 3.14 and total time 75 min (intra).

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77470

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national number is no known.

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
102,516 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2014 Medicare data from the current RUC database

Specialty Radiation Oncology	Frequency 99442	Percentage 97.00 %	
Specialty	Frequency 0	Percentage 0.00 %	
Specialty	Frequency 0	Percentage 0.00 %	

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77470

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
13	**ISSUE: Special Radiation Treatment**																								
14	**TAB: 41**																								
15																									
16						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
17	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
18	1st REF	77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or	27	0.035			2.90			86	3					80			3					
19	2nd REF	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key	23	0.047			2.11			55	5					35			15					
20	CURRENT	77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)		#DIV/0!			2.09			55														
21	SVY			126	0.043	0.90	2.03	2.83	3.80	12.14	80	15			7	30	50	60	120	15	0	40	55	100	1500
22	REC	77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)		0.038			2.03			55						50			5					

Tab #40
Tab #41
Tab Number

Radiation Treatment Devices
Special Radiation Treatment
Issue

77332-77334
77470
Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)



Signature

Michael Kuettel, MD, PhD
Printed Signature

The American Society for Radiation Oncology (ASTRO)
Specialty Society

December 14, 2015
Date

CPT Code: 77470
Specialty Society('s): ASTRO

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:

77470 *Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)*

Global Period: XXX **Meeting Date:** January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

ASTRO convened a panel of physicians and clinical staff to develop consensus recommendations for practice expense. The panel included a mix of physicians from various practice settings and geographic regions. They panel reviewed the physician work survey data and the existing direct PE inputs. The panel put together these consensus recommendations based on current practice patterns.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

CPT Code 77470 is an existing code. As such, we included the current direct practice expense inputs.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

The Radiation Therapist retrieves the patient's individually constructed treatment device from the radiation oncology department per departmental checkout guidelines to establish a chain of custody and ensure the correct device is selected. The device is inspected to ensure it is free of damage. The device is packaged for safe transport. The RT gathers and checks-out all additional materials (chart, set-up photos, markers, clamps, bolts, etc) needed to ensue proper device indexing to the diagnostic table, patient positioning and proper documentation of the patient within the treatment device for the PET/CT scan in the radiology department. (5min)

The radiation therapist meets the patient in the radiology department. The RT discusses the logistics and expectations with the patient of the importance of proper positioning within the treatment device to ensure an accurate scan. (3min)

The RT will inspect the treatment device to ensure there was no damage introduced during transport. The RT will set-up and index the treatment device to the diagnostic table. Once the device is properly indexed and its accuracy ensured, the RT will assist the patient into the treatment device. (10min)

The RT will properly position and align the patient in the treatment device based on a combination of set-up photos, skin markings and localization lasers. Once the RT is satisfied the patient is in a technically correct position required for the scan, the RT the will appropriately document the patient's position within the treatment device. The RT will then notify the radiology imaging technicians the patient is ready for scan. (10min)

The RT will remain with the patient in the radiology department during the entire duration of the scan in the event the patient moves, needs a break, adjustments to the treatment device are needed or any other event arises requiring the expertise of the RT to re-fit the patient into the treatment device in the technically exact position required for the scan. (0min)

After the scan is completed the RT will assist the patient out of the treatment device in a manner consistent to prevent damaging the device. The RT will remove the bolts and clamps required to index the device to the table and then carefully remove the device from the table. The RT will gather all materials previously required and package the device for safe transport back to the radiation oncology department. (10min)

The RT will return the treatment device and all additional materials previously borrowed per the departmental check-in guidelines to ensure the chain of custody is maintained. The treatment device is inspected to ensure it is returned in an undamaged state for storage until the device is required for patient use. (5min)

Post-Service Clinical Labor Activities:

N/A

	A	B	C	F	G	H	I
1				**Recommendations**		**Current**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code.**			**77470**			
3	**Meeting Date:** January 2016 **Tab:** Tab 41 Special Treatment Procedure **Specialty:** Radiation Oncology	**CMS Code**	**Staff Type**	*Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)*			
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**			**43**	**0**	**80**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**
8							
9							
10	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**43**	**0**	**80**	**0**
11		*L051A*	*RN*			*80*	
12		*L050C*	*RadTher*	*43*			
13	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**
14							
15							
16	**PRE-SERVICE**						
17	**Start: Following visit when decision for surgery or procedure made**						
18	Complete pre-service diagnostic & referral forms						
19	Coordinate pre-surgery services						
20	Schedule space and equipment in facility						
21	Provide pre-service education/obtain consent						
22	Follow-up phone calls & prescriptions						
23	Other Clinical Activity - *specify:*						
24	**End: When patient enters office/facility for surgery/procedure**						
25	**SERVICE PERIOD**						
26	**Start: When patient enters office/facility for surgery/procedure:**						
27	Greet patient, provide gowning, ensure appropriate medical records are available						
28	Obtain vital signs						
29	Provide pre-service education/obtain consent						
30	Prepare room, equipment, supplies						
31	Setup scope (non facility setting only)						
32	Prepare and position patient/ monitor patient/ set up IV						
33	Sedate/apply anesthesia						
34	Other Clinical Activity - specify:						
35	**Intra-service**						
36	Perform Procedure	*L050C*	*RadTher*	43		80	
37	Assist physician/moderate sedation (% of physician time)						
38	**Post-Service**						
39	Monitor pt. following moderate sedation						
40	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)						
41	Clean room/equipment by physician staff						
42	Clean Scope						
43	Clean Surgical Instrument Package						
44	Complete diagnostic forms, lab & X-ray requisitions						
45	Review/read X-ray, lab, and pathology reports						
46	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
47	Other Clinical Activity - *specify:*						
48	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**	
49	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**	
50	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**	
51	**End: Patient leaves office**						
52	**POST-SERVICE Period**						
53	**Start: Patient leaves office/facility**						
54	Conduct phone calls/call in prescriptions						
55	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**
61	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**
62	Other Clinical Activity - *specify:*						
63	**End: with last office visit before end of global period**						
64	**MEDICAL SUPPLIES***	**CODE**	**UNIT**				
65	pack, minimum multi-specialty visit	SA048	pack				
66							
67							
68							
69							
70							
71	**EQUIPMENT**	**CODE**					
72							
73							
74							
75							
76							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Removal of Nail Plate

In the Final Rule for 2016 CMS re-ran the 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. CPT code 11730 *Avulsion of nail plate, partial or complete, simple; single* (work RVU=1.10) was identified by this screen. This service was presented for review of physician work and practice expense at the January 2016 HCPAC meeting.

The HCPAC reviewed the survey responses from 54 podiatrists and determined that the work RVU of 1.10 appropriately accounts for the work required to perform CPT code 11730. The HCPAC recommends 18 minutes pre-service time, 10 minutes intra-service time, and 5 minutes immediate post-service time. The HCPAC compared the surveyed code to similar services *12002 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm* (work RVU=1.14 and 15 minutes intra-service time) and 99213 *Office or other outpatient visit for the evaluation and management of an established patient,* (work RVU=0.97 and 15 minutes intra-service time). For additional support the HCPAC referenced MPC code 30901 *Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method* (work RVU=1.10 and 10 minutes intra-service time) and the RUC determined that these services required the same intra-service time and comparable physician work. **The HCPAC recommends a work RVU of 1.10 for CPT code 11730.**

Practice Expense
The Practice Expense Subcommittee reduced the medical supplies and corrected the equipment minutes. The HCPAC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
11730	Avulsion of nail plate, partial or complete, simple; single	000	1.10 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:11730 Tracking Number N/A Original Specialty Recommended RVU: **1.10**
Presented Recommended RVU: **1.10**
Global Period: 000 RUC Recommended RVU: **1.10**

CPT Descriptor: Avulsion of nail plate, partial or complete, simple; single

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 32-year-old female presents with a painful, ingrown toenail involving the medial and lateral borders of the right hallux. The decision is made to proceed with avulsion of the complete nail plate (assumes block administered by surgeon).

Percentage of Survey Respondents who found Vignette to be Typical: 80%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review chart with general medical history and surgical history update, including current medications and allergies. Perform physical examination that includes evaluating neurological and vascular status of the patient, along with a dermatologic examination. Discuss operative risks and benefits with patient and obtain informed consent. Verify necessary instruments are available. Place patient in supine position. Stabilize both legs and position the operative leg for clear access to the operative site and surgical instruments. Prepare and drape foot in aseptic manner. Prepare and administer local anesthetic. Apply a digital tourniquet as necessary.

Description of Intra-Service Work: Free ingrown nail borders from overlying skin from distal to proximal. Free proximal extent of nail plate from overlying hyponychium. Insert a blunt instrument beneath nail plate of the medial border, which is freed from distal to proximal. Remove instrument and insert beneath lateral border, which is freed from distal to proximal. Use blunt instrument to separate nail from the underlying nail bed from medial to lateral and from distal to proximal back to and under the eponychium. Grasp the separated nail with an instrument and remove in total, and inspect the nail bed. Remove tourniquet, achieve hemostasis, and apply sterile dressing. Apply appropriate ointment as needed.

Description of Post-Service Work: Evaluate and stabilize patient's neurovascular status. Fit surgical shoe [HCPCS code L3260] on patient. Instruct patient on care of the wound and activity, bathing, and medication restrictions. Complete medical record. Dictate note to primary care (or referring) physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2016		
Presenter(s):	Timothy Tillo, DPM		
Specialty(s):	APMA		
CPT Code:	11730		
Sample Size:	473	**Resp N:** 54	**Response:** 11.4 %
Description of Sample:	Random selection of APMA members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	5.00	23.00	**50.00**	100.00	500.00
Survey RVW:	0.73	1.05	**1.13**	1.34	1.95
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**3.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	10.00	**10.00**	15.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6A-NF Proc w local/topical anes care req wait time

CPT Code:	11730	**Recommended Physician Work RVU: 1.10**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**17.00**	**-7.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12002	000	1.14	**RUC Time**

CPT Descriptor Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	000	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
30901	000	1.10	**RUC Time**	107,216

CPT Descriptor 1 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36620	000	1.15	**RUC Time**	558,861

CPT Descriptor 2 Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 38.8 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 12.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 11730	Top Key Reference CPT Code: 12002	2nd Key Reference CPT Code: **99213**
Median Pre-Service Time	18.00	7.00	3.00
Median Intra-Service Time	10.00	15.00	15.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**33.00**	**27.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Intensity & Complexity Rating Scale: (much less= -2.00, somewhat less= -1.00, identical= 0.00, somewhat more= 1.00, much more= 2.00)

	Top Key Ref Code	2nd Key Ref Code
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	0.33	-0.43
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	0.10	-0.29
Urgency of medical decision making	0.10	0.71
Technical Skill/Physical Effort (Mean)		
Technical skill required	0.10	1.29

Physical effort required	0.05	0.71

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.00	1.14
Outcome depends on the skill and judgment of physician	0.00	0.71
Estimated risk of malpractice suit with poor outcome	-0.05	1.29

INTENSITY/COMPLEXITY MEASURES	Top Key Ref Code	2nd Key Ref Code

Time Segment (Mean)

Overall intensity/complexity	0.14	0.71

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of $10 million or more. CMS identified the top codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and E/M services and services reviewed since CY 2010. In the rule, CMS noted that the criteria for many misvalued code screens, including this screen, are designed to prioritize codes that **may** be misvalued not to identify codes that **are** misvalued. Further CMS believes that supporting evidence for the accuracy of current values for particular codes is best considered as part of the review of individual codes through the misvalued code process. Code 11730 was identified through this screen.

Survey Sample

The survey request was sent to a random selection of APMA members.

Pre-time Package 6A

An E/M service is not typically reported on the same date as 11730.
Evaluation: Subtract 7 minutes (total = 10 minutes) to be consistent with survey median
Positioning: Add 2 minutes (total = 3 minutes) to account for supine positioning and the additional work to stabilize both legs and position the operative leg for clear access to the operative site and surgical instruments. This is the same time approved in 2014 by the HCPAC and CMS for code 11750, *Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal.*
Scrub, dress, wait: No change to standard package time of 5 minutes

Key Reference Codes

KRS1 12002. The physician work required for 11730 and KRS1 12002 is the same. Code 12002 has less pre-time and more intra-service time than 11730 because 12002 was reviewed before pre-time packages were

developed. The intra-work description for 12002 indicates " *Inject local anesthetic for anesthesia and hemostasis. Wait for the anesthesia to take effect. Cleanse area and apply sterile draping.*" This work and time currently would be allocated to pre-service scrub, dress, wait category. Podiatrists are familiar with both codes and those providers who chose 12002 as a reference service indicated overall similarity in intensity and complexity as shown by the I/C measures.

KRS2 99213. The physician work required for 11730 is greater than KRS2 99213. Although the range of possible diagnoses to consider and the amount and/or complexity of medical records to review are greater for 99213, the technical skill, physical effort, risk of complications, and risk of malpractice with poor outcome are much greater for 11730. We agree with the survey respondents who chose 99213 as a reference code that the overall intensity and complexity of 11730 is greater than 99213.

MPC Codes

CPT	DESC	RVW	IWPUT	TOTAL	PRE	INTRA	POST
MPC 30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	1.10	0.081	26	11	10	5
11730	Avulsion of nail plate, partial or complete, simple; single	1.10	0.066	33	18	10	5
MPC 36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	1.15	0.092	22	7	10	5

Recommendation

We recommend maintaining the work RVU of 1.10 for 11730. The physician work to perform this procedure has not changed since this code was last reviewed (2005) as supported by the current survey data.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 11730

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
469,138 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Ruc database

Specialty podiatry Frequency 445000 Percentage 94.85 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 11730

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Removal of Nail Plate

TAB: 56

					RVW					Total	pre	PRE			INTRA				POST		SURVEY EXPERIENCE			
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	PKG	MIN	25th	MED	75th	MAX
REF1	12002	Simple repair of superficial wounds c	21	0.059			1.14			27	1a	5	1	1			15			5						
REF2	99213	Office or other outpatient visit for the	7	0.053			0.97			23		3					15			5						
CURRENT	11730	Avulsion of nail plate, partial or com		0.055			1.10			37		5	2	8			12			10						
SVY	11730	Avulsion of nail plate, partial or c	54	0.069	###	1.05	1.13	1.34	1.95	33		10	3	5	5	10	10	15	30	5		5	23	50	100	500
REC	11730	maintain current value		0.066			1.10			33	6A	10	3	5			10			5	n/a					

56
Tab Number

11730 Avulsion of Nail
Issue

Code Range

Attestation Statement

This form needs to be completed by any **RUC Advisor** whose specialty society is developing a recommendation to be reviewed by the RUC.

As a RUC Advisor, I attest that the integrity of the RUC survey, summary of recommendation forms and practice expense recommendations are based on accurate and complete data to the best of my knowledge. As a RUC advisor, I acknowledge that violations would be addressed by the executive committee (i.e., RUC Chair , AMA Representative and Alternate AMA Representative.)

Signature

Tim Tillo DPM
Printed Signature

APMA
Specialty Society

12-15-15
Date

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs

CPT Long Descriptor:
11730 Avulsion of nail plate, partial or complete, simple; single

Global Period: 000 Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
An APMA expert panel reviewed the current PE details for 11750, updating clinical staff time using standards and adjusting supplies and equipment to reflect current practice.

2. You must provide reference code(s) for comparison on your spreadsheet.
Current inputs for 11730 and 11750 are used as references however we are recommending a crosswalk to code 11750 which was just reviewed by the PE Subcommittee and CMS.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
Code 11730 was reviewed very early in the process of the PEAC review of all codes and zero minutes of pre-service clinical staff was automatically assigned. Prior to arriving for the procedure, the clinical staff will make one phone call (3 minutes) to the patient to confirm which medications to continue or stop and to reinforce appropriate shoes to wear.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
Pre-time: Prior to arriving for the procedure, the clinical staff will make one phone call (3 minutes) to the patient to confirm which medications to continue or stop and to reinforce appropriate shoes to wear.

Service Period Time: The development of cleaning time and cleaning supplies was added after this code was reviewed in 2002.

Supplies/Equipment: In current practice, the supplies and equipment would be exactly the same as required for 11750. We are crosswalking the recently approved supplies and equipment from 11750, with the exception of items required for the postop visit in 11750.

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities: The patient is called to confirm which medications to continue or stop and to reinforce appropriate shoes to wear.

Service (day of procedure) Clinical Labor Activities:

	2015 REC
SERVICE PERIOD	
Start: When patient enters office/facility for surgery/procedure:	
Greet patient, provide gowning, ensure appropriate medical records are available *(Reduced to current standard time)*	**3**
Obtain vital signs	**3**
Provide pre-service education/obtain consent	**2**
Prepare room, equipment, supplies *(set up sterile instruments and solutions)*	**2**
Prepare and position patient/ monitor patient/ set up IV *(assist position / pad patient legs, drape, set up anesthetic supplies)*	**2**
Sedate/apply anesthesia *(application of ethyl chloride and assist with digital block of four nerves)*	**2**
Intra-service	
Assist physician in performing procedure *(100% - sterile procedure)*	**10**
Post-Service	
Clean room/equipment by physician staff	**3**
Clean Surgical Instrument Package *(standard for basic pack)*	**10**
Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**3**

Post-Service Clinical Labor Activities:

Follow-up phone call to answer patient family questions about swelling, bleeding/wound care, and allowed medications.

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
FACILITY Direct Inputs

CPT Long Descriptor:
11730 Avulsion of nail plate, partial or complete, simple; single

Global Period: 000 Meeting Date: January 2016

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: An APMA expert panel reviewed the current PE details for 11750, updating clinical staff time using standards and adjusting supplies and equipment to reflect current practice.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current inputs for 11730 and 11750 are used as references however we are recommending a crosswalk to code 11750 which was just reviewed by the PE Subcommittee and CMS.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: Code 11730 is not typically performed in a facility. When a facility is required, it is usually due to comorbidities requiring facility support. In these instances, phone calls between physician clinical staff and insurance / facility staff will be necessary. We are recommending one phone call for each of these activities: complete pre-service diagnostic & referral forms; coordinate pre-surgery services; and schedule space and equipment in facility. In addition, one phone call is made to the patient to confirm which medications to continue or stop and to reinforce appropriate shoes to wear and the need for assistance returning home.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence: Pre-Time: Code 11730 is not typically performed in a facility. When a facility is required, it is usually due to comorbidities requiring facility support. In these instances, phone calls between physician clinical staff and insurance / facility staff will be necessary. We are recommending one phone call for each of these activities: complete pre-service diagnostic & referral forms; coordinate pre-surgery services; and schedule space and equipment in facility. In addition, one phone call is made to the patient to confirm which medications to continue or stop and to reinforce appropriate shoes to wear and the need for assistance returning home.

5. Please describe in detail the clinical activities of your staff:
Pre-Service Clinical Labor Activities: Code 11730 is not typically performed in a facility. When a facility is required, it is usually due to comorbidities requiring facility support. In these instances, phone calls between physician clinical staff and insurance / facility staff will be necessary. We are recommending one phone call for each of these activities: complete pre-service diagnostic & referral forms; coordinate pre-surgery services; and schedule space and equipment in facility. In addition, one phone call is made to the patient to confirm which medications to continue or stop and to reinforce appropriate shoes to wear and the need for assistance returning home.

Service (day of procedure) Clinical Labor Activities: N/A

Post-Service Clinical Labor Activities: Follow-up phone call to answer patient family questions about swelling, bleeding/wound care, and allowed medications.

	A	B	C	D	E	F	G	H	I
1				REF CODE 1		REF CODE 2		Recommend	
2	**REVISED 1-14-2016**			11730 09/2002		11750 09/2014		11730 01/2016	
3	**Meeting Date: January 2016 Tab: 56 Specialty: APMA**	**CMS Code**	**Staff Type**	Avulsion of nail plate, partial or complete, simple; single		Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;		Avulsion of nail plate, partial or complete, simple; single	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**10**	**10**	**000**	**000**
6	**TOTAL CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**46**	**0**	**75**	**45**	**46**	**15**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**0**	**0**	**3**	**12**	**3**	**12**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**43**	**0**	**45**	**6**	**40**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	**L037D**	RN/LPN/MTA	**3**	**0**	**27**	**27**	**3**	**3**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms	**L037D**	RN/LPN/MTA				**3**		**3**
13	Coordinate pre-surgery services	**L037D**	RN/LPN/MTA				**3**		**3**
14	Schedule space and equipment in facility	**L037D**	RN/LPN/MTA				**3**		**3**
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions	**L037D**	RN/LPN/MTA			**3**	**3**	**3**	**3**
17	Other Clinical Activity - *specify:*								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available	**L037D**	RN/LPN/MTA	**5**		**3**		**3**	
22	Obtain vital signs	**L037D**	RN/LPN/MTA	**3**		**3**		**3**	
23	Provide pre-service education/obtain consent	**L037D**	RN/LPN/MTA	**3**		**2**		**2**	
24	Prepare room, equipment, supplies	**L037D**	RN/LPN/MTA	**3**		**2**		**2**	
26	Prepare and position patient/ monitor patient/ set up IV	**L037D**	RN/LPN/MTA	**2**		**2**		**2**	
27	Sedate/apply anesthesia	**L037D**	RN/LPN/MTA	**3**		**2**		**2**	
28	Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure	**L037D**	RN/LPN/MTA	**15**		**15**		**10**	
32	**Post-Service**								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
35	Clean room/equipment by physician staff	**L037D**	RN/LPN/MTA	**3**		**3**		**3**	
37	Clean Surgical Instrument Package	**L037D**	RN/LPN/MTA			**10**		**10**	
38	Complete diagnostic forms, lab & X-ray requisitions	**L037D**	RN/LPN/MTA	**3**					
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	**L037D**	RN/LPN/MTA	**3**		**3**	**6**	**3**	
41	Other Clinical Activity - *specify:*								
45	**End: Patient leaves office**								
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
48	Conduct phone calls/call in prescriptions	**L037D**	RN/LPN/MTA	**3**				**3**	**3**
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16						
51	99212 27 minutes		27			**1**	**1**		
52	99213 36 minutes		36						
53	99214 53 minutes		53						
54	99215 63 minutes		63						
55	**Total Office Visit Time**			**0**	**0**	**27**	**27**	**0**	**0**
56	Other Clinical Activity - *specify:*								
57	**End: with last office visit before end of global period**								

	A	B	C	D	E	F	G	H	I
1				REF CODE 1		REF CODE 2		Recommend	
2	**REVISED 1-14-2016**			11730 09/2002		11750 09/2014		11730 01/2016	
3	**Meeting Date: January 2016** **Tab: 56** **Specialty: APMA**	**CMS Code**	**Staff Type**	Avulsion of nail plate, partial or complete, simple; single		Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;		Avulsion of nail plate, partial or complete, simple; single	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**000**	**000**	**10**	**10**	**000**	**000**
58	**MEDICAL SUPPLIES***	**CODE**	**UNIT**						
59	pack, minimum multi-specialty visit	SA048	pack	**1**		**2**	**1**	**1**	
60	pack, cleaning, surgical instruments	SA043	pack			**1**		**1**	
61	drape, sterile, fenestrated 16in x 29in	SB011	item	**1**		**1**		**1**	
62	drape, sterile, for Mayo stand	SB012	item	**1**		**1**		**1**	
63	gloves, sterile	SB024	pair	**1**		**3**		**3**	
64	gown, staff, impervious	SB027	item	**1**		**2**		**2**	
65	mask, surgical, with face shield	SB034	item	**1**		**2**		**2**	
66	underpad 2ft x 3ft (Chux)	SB044	item			**2**	**1**	**1**	
67	needle, 18-27g	SC029	item	**2**		**1**		**1**	
68	syringe 5-6ml	SC057	item			**1**		**1**	
69	blade, surgical (Bard-Parker)	SF007	item			**1**		**1**	
70	blade, surgical 64,65,67 (Beaver)	SF008	item			**1**		**0**	
71	bandage, elastic, self-adherent wrap 1in (Coban)	SG014	item			**2**	**1**	**1**	
72	dressing, 3in x 3in (Adaptic)	SG034	item	**1**		**2**	**1**	**1**	
73	gauze, sterile 4in x 4in (10 pack uou)	SG056	item	**1**		**2**		**1**	
74	applicator, cotton-tipped, sterile, 6in	SG081	item			**4**		**0**	
75	bupivacaine 0.25% inj (Marcaine)	SH021	ml	**10**		**10**		**10**	
76	phenol, liquified, USP	SH088	ml			**2**		**0**	
77	bacitracin oint (0.9gm single use)	SJ007	item			**2**	**1**	**1**	
78	ethyl chloride spray	SJ025	oz	**1**		**1**		**1**	
79	swab-pad, alcohol	SJ053	item	**2**		**1**		**1**	
80	alcohol ethyl 100%	SL154	ml			**2**		**2**	
81	applicator, cotton-tipped, non-sterile 6in	SG008	item	**3**					
82	penrose drain (0.25in x 4in)	SG067	item	**1**					
83	cap, surgical	SB001	item	**1**					
84	drape-towel, sterile 18in x 26in	SB019	item	**1**					
85	slippers, paper	SB040	pair	**1**					
86	syringe 20ml	SC053	item	**1**					
87	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	**1**					
88	scalpel with blade, surgical (#10-20)	SF033	item	**1**					
89	bandage, Kling, non-sterile 2in	SG017	item	**1**					
90	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	**10**					
91	silver sulfadiazene cream (Silvadene)	SH064	gm	**0.5**					
92	scrub brush (impregnated)	SM023	item	**2**					
93	**EQUIPMENT**	**CODE**							
94	light, exam	EQ168		**46**		**62**	**27**	**30**	
95	table, power	EF031		**46**		**62**	**27**	**30**	
96	instrument pack, basic ($500-$1499)	EQ137				**45**		**37**	
97	mayo stand	EF015				**45**		**30**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures

January 2016

Psychological and Neuropsychological Testing

In the Final Rule for 2016 CMS re-ran the 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. CPT codes 96101, 96116 and 96118 were identified.

CPT code 96116 had an interest from an MD/DO specialty society and was scheduled to be reviewed by the RUC. The remaining codes in this family had an non-MD interest and were scheduled to be reviewed by the HCPAC. In January 2016, the specialty societies requested that the entire family of codes be referred to the CPT Editorial Panel to be revised. The testing practice has been significantly altered by the growth and availability of technology. The current codes do not reflect the multiple standards of practice and therefore result in confusion about how to report the codes. **The HCPAC recommends the entire psychological and neuropsychological testing codes be referred to the October 2016 CPT Editorial Panel meeting for revision. CMS also requested that CPT code 96125 and 96127 be added to this family of services for revision/review.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	XXX	Refer to October 2016 CPT

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96102 (f)	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	XXX	Refer to October 2016 CPT
96103 (f)	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report	XXX	Refer to October 2016 CPT
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	XXX	Refer to October 2016 CPT
96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	XXX	Refer to October 2016 CPT
96119 (f)	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	XXX	Refer to October 2016 CPT
96120 (f)	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	XXX	Refer to October 2016 CPT
96125 (f)	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	XXX	Refer to October 2016 CPT

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96127 (f)	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	XXX	Refer to October 2016 CPT

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December 10, 2015

Peter K. Smith, M.D.
Chair, RVS Update Committee
American Medical Association
AMA Plaza
330 N. Wabash Avenue
Chicago, IL 60611-5885

Re: RUC Tab 53, RUC HCPAC Tab 57

Dear Dr. Smith:

The American Psychological Association (APA) and the American Academy of Neurology (AAN) are not able to survey the NPRM-identified CPT codes 96101, 96116, and 96118 at this time. After close review and extended discussions of the multiple issues surrounding these (and related) codes, we are immediately undertaking a complete review of the standards of modern practice for psychological and neuropsychological testing.

Testing practice has been significantly altered by the growth and availability of technology. The codes do not reflect the multiple standards of practice. The result is confusion about how to apply the codes, and the presence of inaccurate guidance in the vendor marketplace. The practice changes leave us with some outmoded CPT code descriptors that are unlikely to garner meaningful data in a RUC survey.

We understand that CMS and the RUC wish for the codes to be reviewed through the AMA process. We do have an action plan:

APA will immediately commission an expert task force to identify and describe the current standards of practice for the profession. When that is completed, we fully expect to revise the CPT codes for psychological and neuropsychological testing. Following the revisions, APA and AAN will survey the revised codes.

We identify the family of codes as:

- 96101 psychological testing, administered by professional
- 96102 psychological testing, administered by technician
- 96103 psychological testing, administered by computer
- 96116 behavioral status exam
- 96118 neuropsychological testing, administered by professional

- 96119 neuropsychological testing, administered by technician
- 96120 neuropsychological testing, administered by computer

We appreciate the opportunity to assist with the maintenance of both the CPT code set and the Medicare Physician Fee Schedule.

Please contact Debra Lansey at the American Psychological Association DLansey@apa.org or (202) 336-5896, if there are questions or concerns.

Sincerely,

Kevin A. Kerber, MD.
Advisor, American Academy of Neurology

Randy Phelps, Ph.D.
Advisor, American Psychological Association